

Name
in
Full

Lillian H Alexander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

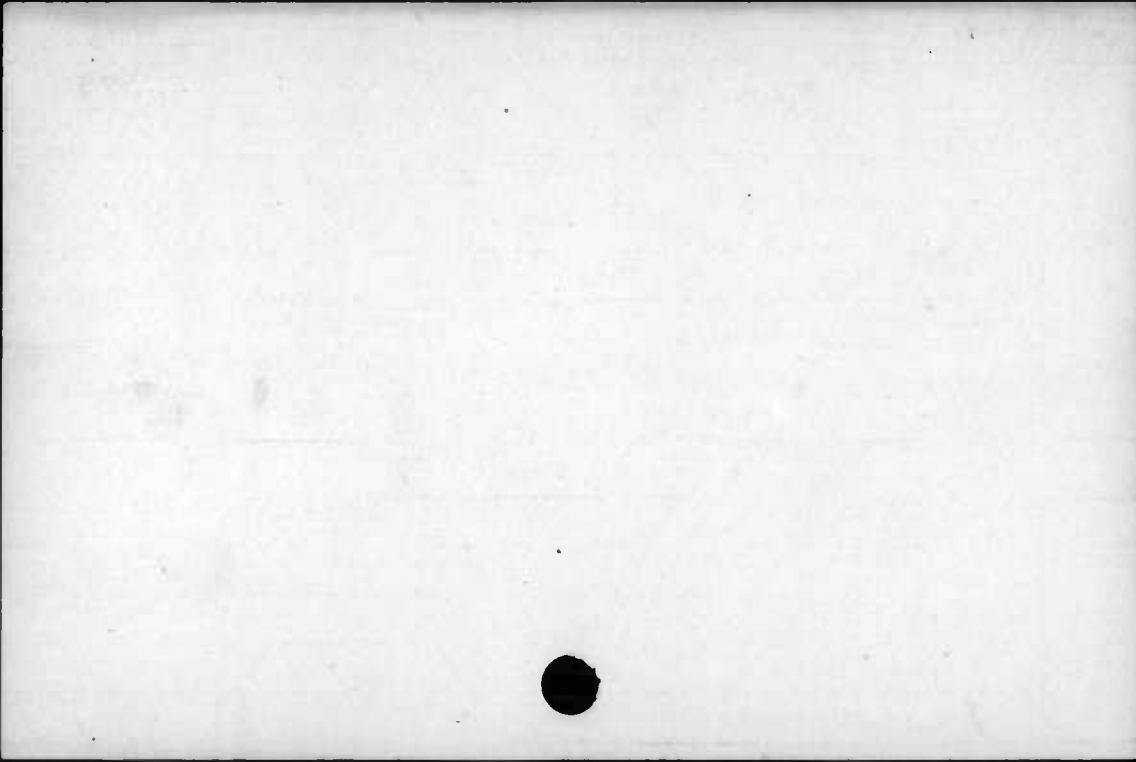
Died at <i>Brunswick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	1908	Month	Apr.	Day	14
Age		Years		Months	9
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>va</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Geo Alexander</i>		
Mother's Maiden Name			<i>Altie Hames</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

⑥

PHYSICIAN
OR CORONER

Primary	<i>Apaches</i>	How long	<i>4 or 5 days</i>
Immediate	<i>Spasms</i>	How long	<i>15 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>H. F. Schamel MD</i>	
		Address	
		<i>Brunswick Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elsie J. Ashbaugh

Died at *Oak Hill* ^{Town} *Frederick* ^{County}

DATE of death *1908* ^{Month} *4* ^{Day} *18* ^{Years} *40* ^{Months} *—* ^{Days} *7*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death *Oak Hill*

Married, Single or Widowed *Single* Name of ~~Wife or~~ Husband *Charles M. Ashbaugh*

Father's Name *Philip Coleman* Father's Birthplace *Ind.*

Mother's Maiden Name *Catherine G. M. Coleman* Mother's Birthplace *do.*

Name of person giving information *C. M. Ashbaugh* How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *Unknown*

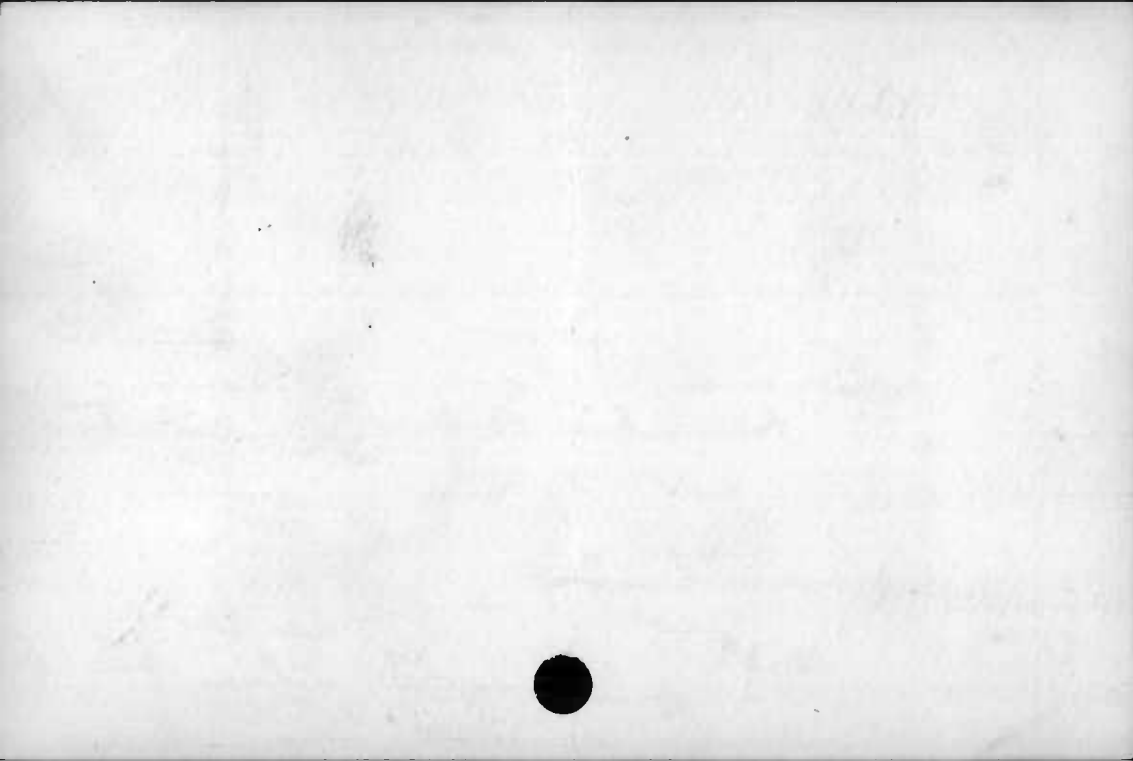
Immediate *Repeated Hemorrhage* How long *Several weeks.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. H. Kelle*

Address *Woodboro. Md.*

Accident or Suicide? *No*



Name in Full		Certificate of Death					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>McKays</i> <small>Town</small>		<i>Fredricks</i> <small>County</small>			
		Date of death <i>1908</i> <small>Month</small> <i>4</i> <small>Day</small> <i>13</i> <small>Years</small> <i>10</i> <small>Months</small> <i>—</i> <small>Days</small>		Age <i>10</i>		Birth-place <i>Fredrick Co</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Occupation <i>—</i>	
		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Where Residing if not at place of death <i>—</i>	
		Father's Name <i>Franklin Baker</i>		Father's Birthplace <i>Fredrick Co.</i>		Mother's Maiden Name <i>Jessie Hoffman</i>	
		Name of person giving information <i>Franklin Baker</i>		How related to deceased <i>Father</i>		71	
		PHYSICIAN OR CORONER		CAUSES OF DEATH			
Primary <i>Convulsions</i>				How long <i>Sudden</i>			
Immediate <i>Convulsions</i>				How long <i>Sudden</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>J. D. Leitch</i>			
Address <i>101 Pleasant St. Frederick Co.</i>				Accident or Suicide? <i>9</i>			



Name
in
Full

Infant, P.M. Becroft

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

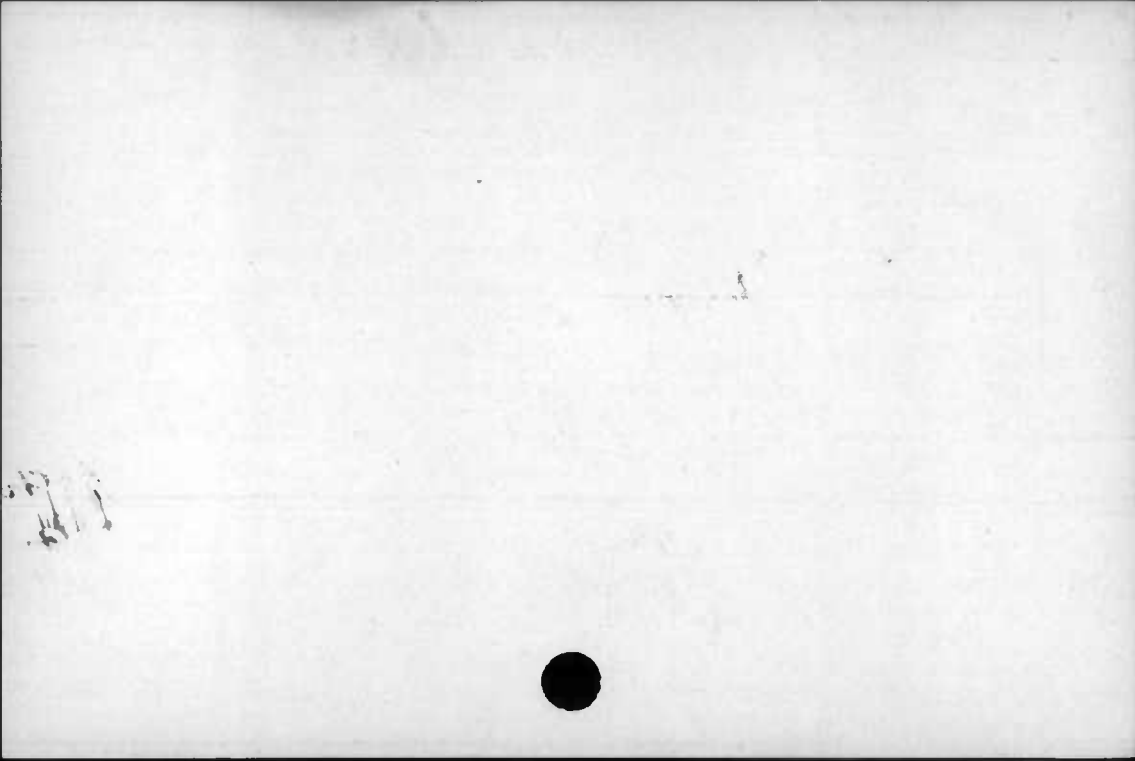
Died at Brimswell		County Frederick		MARYLAND	
Date of death 1908	Month Apr	Day 7	Age Years	Months 1	Days 2
Sex Male		Color or Race white		Birth- place Md	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name P.B. Becroft			Father's Birthplace Ohio		
Mother's Maiden Name Almira Wicks			Mother's Birthplace Md		
Name of person giving In formation P.B. Becroft			How related to deceased father		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Premature Birth	How long 1 month
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? ye	Signature of Physician Linn West
	Address Brimswell Frederick Co
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

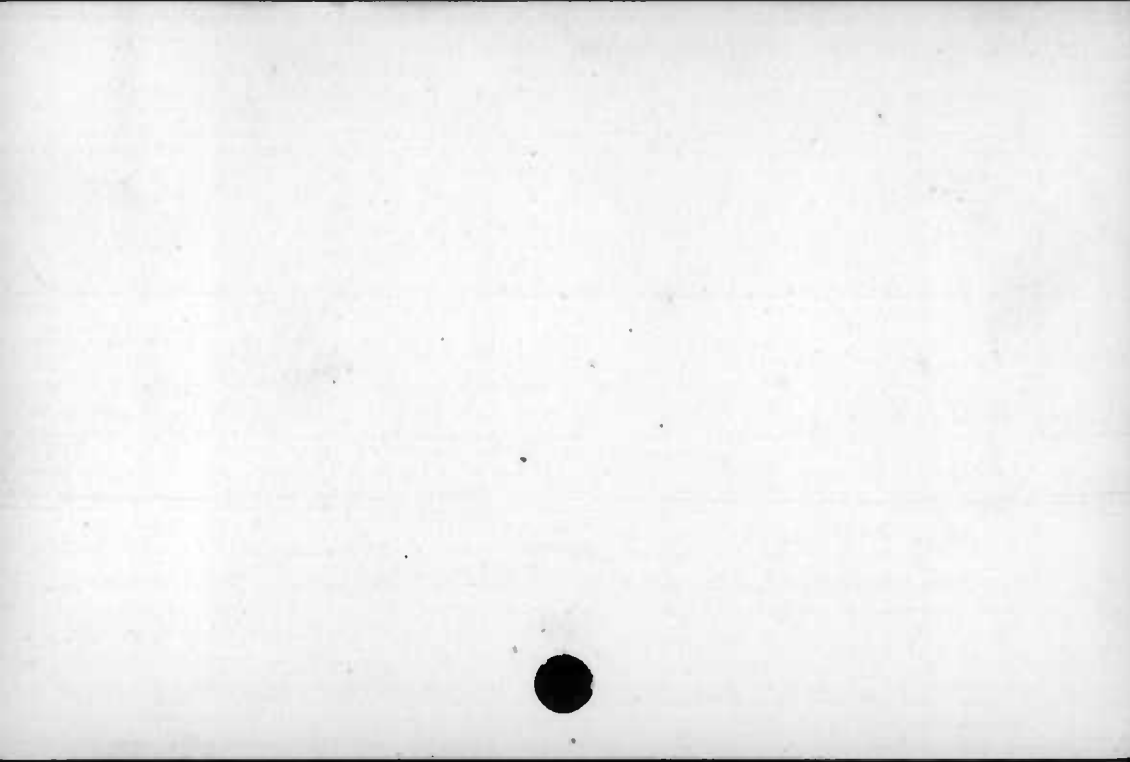
Name in Full <i>John Bell</i>		Town <i>Mountview</i>		County <i>Deale Co.</i>		MARYLAND	
Died at <i>Mountview</i>		Month <i>Apr</i>		Day <i>19</i>		Years <i>75</i>	
Date of death <i>1908</i>		Months <i>19</i>		Days <i>19</i>			
Sex <i>Male</i>		Color or Race <i></i>		Birth-place <i></i>			
Occupation <i>Unknown</i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Unknown</i>				Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>"</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i></i>				How related to deceased <i></i>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>		How long <i>Several years</i>	
Immediate <i>Exhaustion</i>		How long <i>" weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. J. Barrow M.D.</i>	
Address <i></i>			
Accident or Suicide?			



Name
in
Full

Fredericks Augusta Berlefeld

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

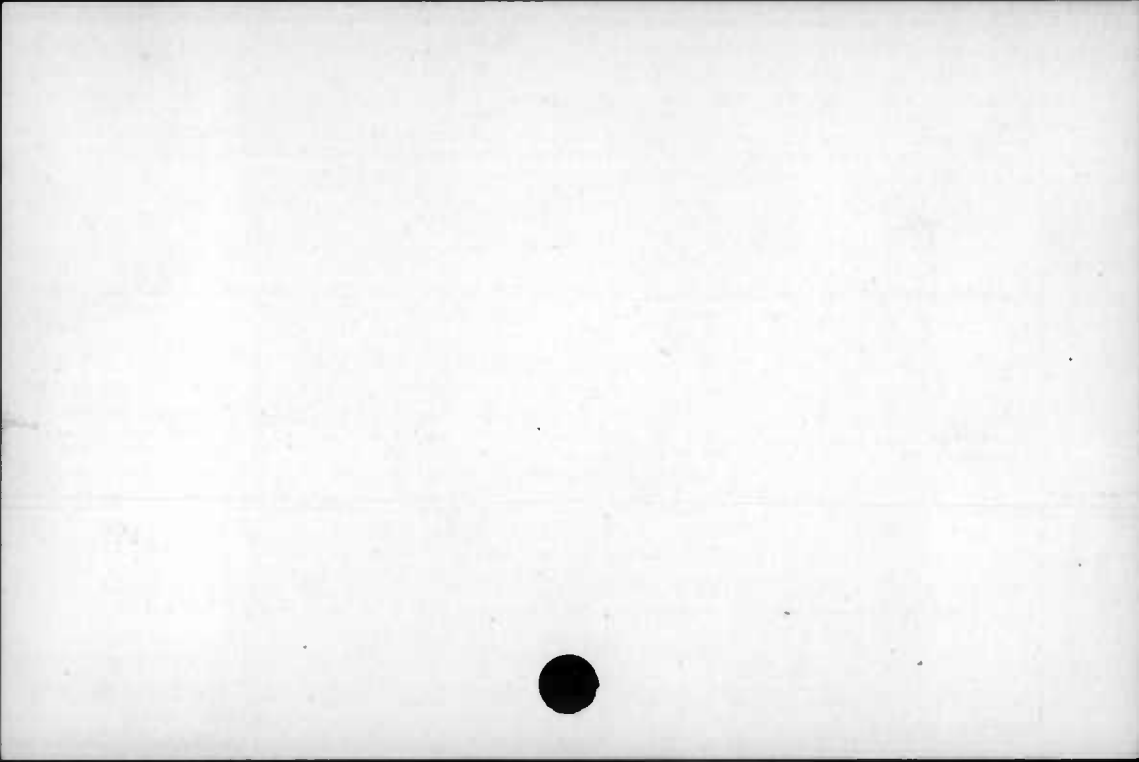
Died at <i>Fredericks</i> ^{Town}		<i>Fredericks</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>April</i> ^{Day} <i>26</i>		Age <i>82</i> ^{Years}		<i>7</i> ^{Months} <i>21</i> ^{Days}	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Prussia</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Hermann Berlefeld</i>			
Father's Name <i>Wilhelm Pirk</i>		Father's Birthplace <i>Prussia</i>			
Mother's Maiden Name <i>Anna Schröder</i>		Mother's Birthplace <i>Prussia</i>			
Name of person giving information <i>Hannah Berlefeld</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

60

PHYSICIAN
OR CORONER

Primary <i>Cerebritis (Senile)</i>	How long <i>9 days -</i>
Immediate <i>Exhaustion</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Ira J McGeedy</i>
	Address <i>Fredericks</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i> Town		<i>Judwich</i> County		MARYLAND	
Date of death	1907	Month	April	Day	22
Age	32	Years		Months	6
Sex	male	Color or Race	white	Birth-place	<i>Sandy Hook Md</i>
Occupation	<i>Caller</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>O. L. Thompson</i>		
Father's Name	<i>John R. Bond</i>		Father's Birthplace <i>Pa</i>		
Mother's Maiden Name	<i>Mary O. Bond</i>		Mother's Birthplace <i>Md</i>		
Name of person giving information	<i>Mary O. Bond</i>		How related to deceased <i>Mother</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Chronic Heart Disease</i>	How long	<i>Oct. 1907</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm. Hedges</i>
		Address	<i>Brunswick Md</i>
Accident or Suicide?			



Name
in
Full

Columbus Boyer -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Middleboro* ^{County} *Fredrick* **MARYLAND**

Date of death *1908* Month *4* Day *9* Age *66* Months *x* Days *x*

Sex *Male* Color or Race *White* Birth-place *Geo -*

Occupation *Ret. Farmer* Where Residing if not at place of death *x*

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Mary J. R. Boyer*

Father's Name *Michael Boyer* Father's Birthplace *Md.*

Mother's Maiden Name *Elizabeth Jacobs* Mother's Birthplace *Md.*

Name of person giving information How related to deceased

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

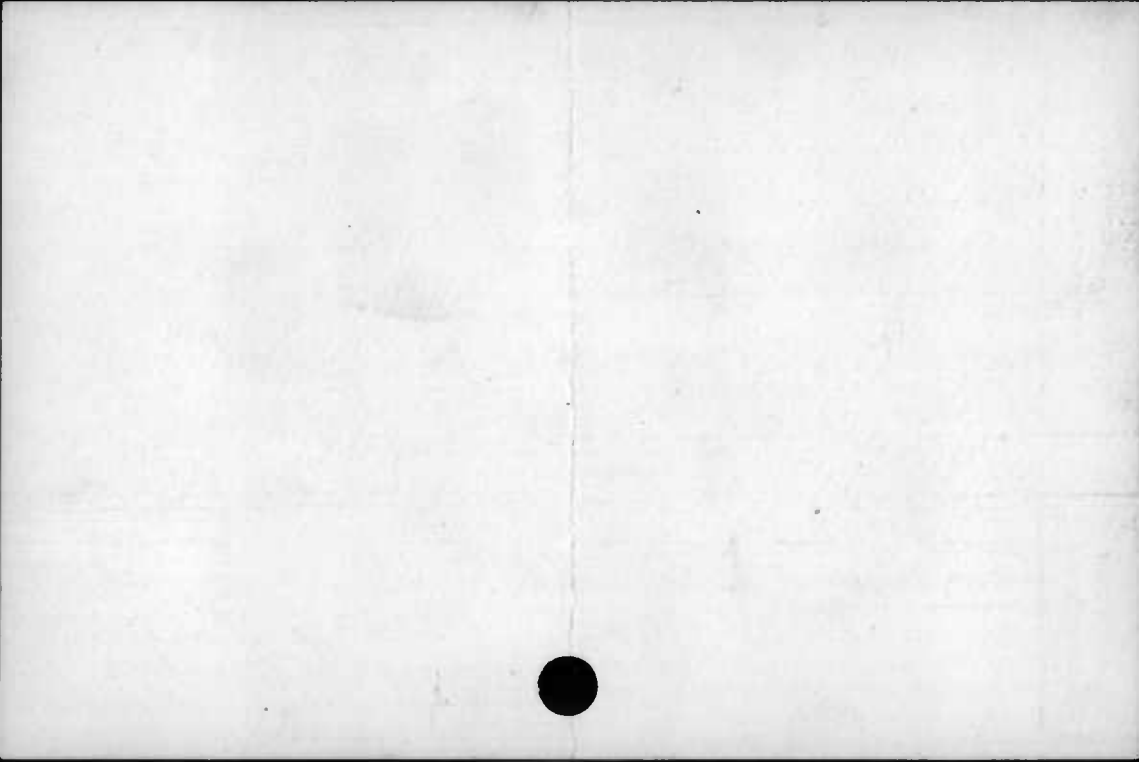
Primary *Chronic Bronchitis* How long *7 years*

Immediate *Oedema Lungs* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Franklin B. Dwyer* Address *Fredrick Md*

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

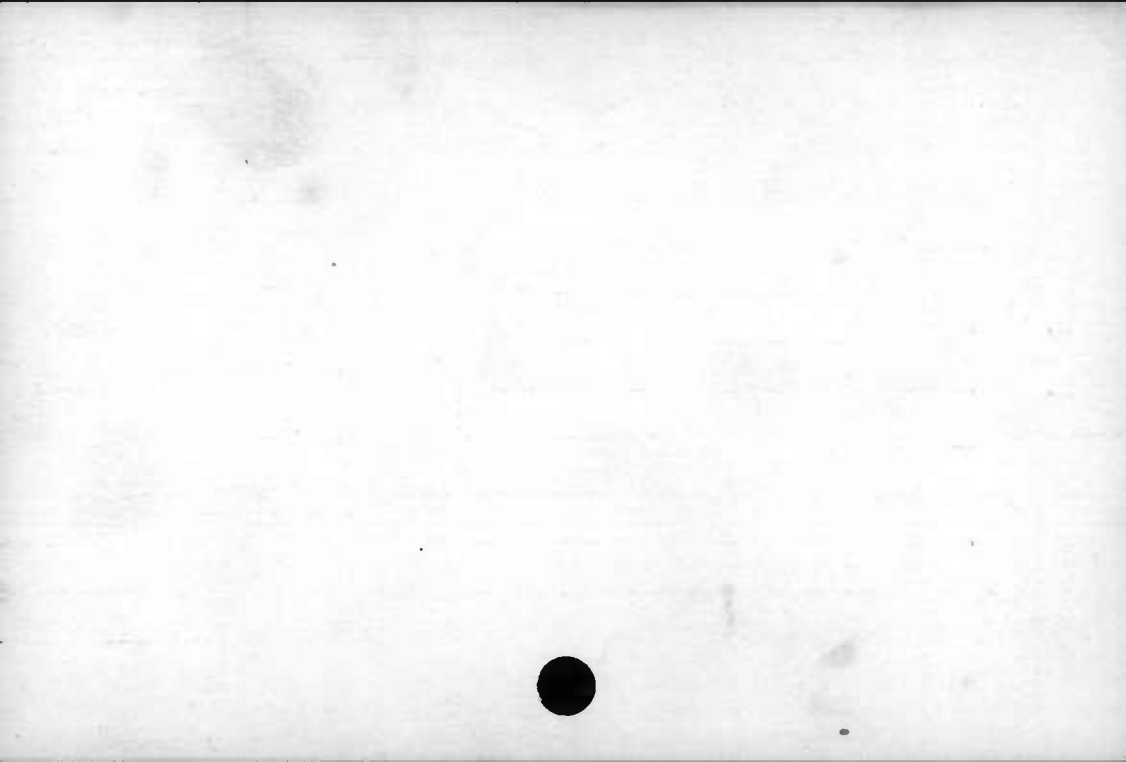
CERTIFICATE OF DEATH

Died at <i>Burkittsville</i>		<i>Fred.</i> County		MARYLAND	
Date of death 190 <i>8</i> ^{Month} <i>April</i>	<i>15</i> ^{Day}	Age <i>72</i> ^{Years}	<i>0</i> ^{Months}	<i>0</i> ^{Days}	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Fred. Co.</i>			
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Brown</i>				
Father's Name <i>Isaac Robinson</i>	Father's Birthplace <i>St. Mary's Co.</i>				
Mother's Maiden Name <i>Cordelia Robinson</i>	Mother's Birthplace <i>St. Mary's Co.</i>				
Name of person giving information <i>John Brown</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

154

Primary <i>Old age</i>	How long
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>George Youter</i>
	Address <i>Burkittsville</i>
Accident or Suicide?	<i>no</i>



Name
in
Full

Daniel Covert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mountview		County Frederick		MARYLAND	
Date of death		1908	Month April	Day 27	Age 65	Years —	Months —
Sex Male		Color or Race Black		Birth-place Md			
Occupation Laborer				Where Residing if not at place of death Fredericks			
Married, Single or Widowed Widower		Name of Wife or Husband Annie Johnson					
Father's Name John Covert		Father's Birthplace Md					
Mother's Maiden Name Mary Smith		Mother's Birthplace n					
Name of person giving information Annie Jones		How related to deceased Daughter					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Chronic Cardiac Disease (Valvular)	How long Several years
Immediate	General Exhaustion	How long Several weeks
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician U. G. Doune M.D.
		Address Fredericks, Md.
Accident or Suicide? —		

Interment at Greenmount

" April 29 — 08

Thomas P. Rice

Name
in
Full

CERTIFICATE OF DEATH

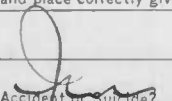
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sty Clay DeGrange</i>		Town <i>Fredrick</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Fredrick</i>		Date of death <i>1908 April 23rd</i>		Age <i>76</i>		Months — Days —	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fredrick</i>			
Occupation <i>Re-Tailor Tailor</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary M. Bennett</i>					
Father's Name <i>Peter DeGrange</i>		Father's Birthplace <i>Fredrick</i>					
Mother's Maiden Name <i>Louisa Ebberts</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs. DeGrange</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>10 yrs</i>
Immediate <i>Apoplexy</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. S. Hayward</i>
 Accident or Suicide?	Address <i>17 Second St. N. Fredrick Md.</i>

Interment at Mt Olivet

" April 25 - 18

Thomas T. Rice F. & O

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Brunswick</i>		Town		<i>Fredrick</i>		County	
Date of death <i>1908</i>		Month <i>4</i>		Day <i>9</i>		Years <i>72</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>9</i>	
Occupation <i>Loom Worker</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed <i>Married</i>		Name of Wife <i>Amelia C De Munner</i>					
Father's Name <i>Eliya De Munner</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Hanna De Munner</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>John A De Munner</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Chronic Heart Disease</i>	How long	<i>10 years</i>
Immediate	<i>Heart Failure</i>	How long	<i>20 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. S. Rogers</i>	
		Address <i>Brunswick Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Susan Digg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sumner Hill</i>		County <i>Fredrick Co.</i>		MARYLAND	
Date of death	1908	Month	April	Day	21
Age		78		Months	1
Sex		Female		Color or Race	negro
Occupation		domestic		Birth-place	urbana
Where Residing if not at place of death		<i>Sumner Hill</i>			
Married, Single or Widowed	Widowed		Name of Wife or Husband	<i>Deceased William Digg</i>	
Father's Name	<i>John Brown</i>		Father's Birthplace	<i>urbana</i>	
Mother's Maiden Name	<i>Mary Thomas</i>		Mother's Birthplace	<i>urbana</i>	
Name of person giving information	<i>William Digg</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>		How long	<i>3 y</i>
Immediate	<i>Heart failure</i>		How long	<i>One hour</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		
Signature of Physician		<i>Benj C. Perry M.D.</i>		
Address		<i>Araby Ind.</i>		
Accident or Suicide?				



Name
in
Full

De Witt Clinton Foreman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

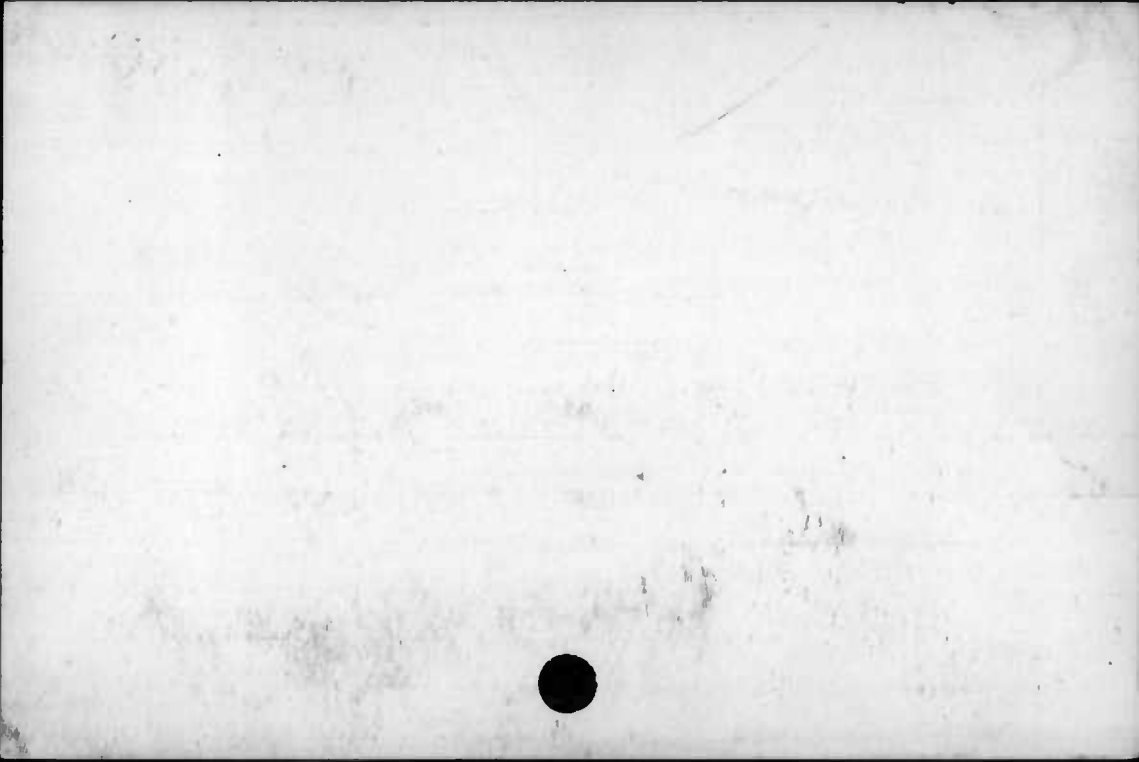
Died at <i>Johnsville</i>		Town <i>Frederick</i>		County <i>-</i>	
Date of death	<i>1908</i>	Month <i>Apr.</i>	Day <i>20</i>	Age <i>36</i>	Year <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Cumersville</i>	Month <i>4</i>	Days <i>29</i>
Occupation <i>Farmers</i>	Where Residing if not at place of death <i>Ind</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lilly Gracie</i>				
Father's Name <i>Frederick James Foreman</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Susannah Nittabridge</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Susan Ellen Gracie</i>	How related to deceased <i>Mother in Law</i>				

CAUSES OF DEATH

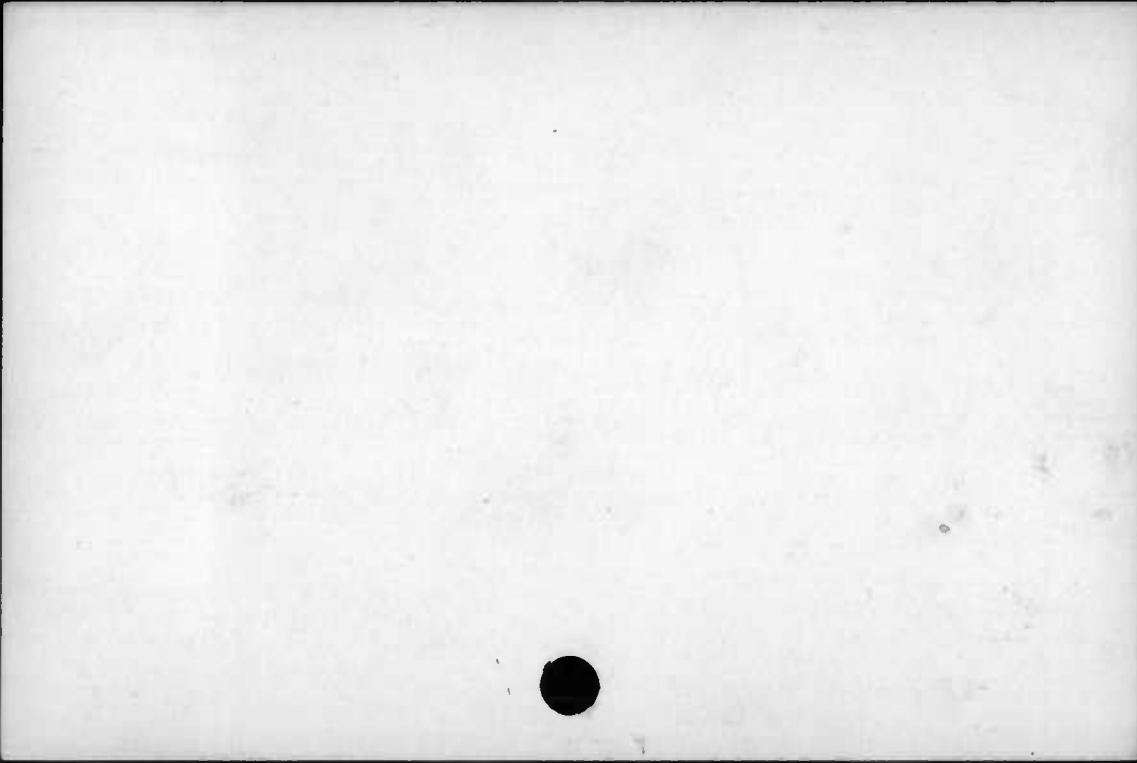
93

PHYSICIAN
OR CORONER

Primary <i>Double Pneumonia</i>	How long <i>1 week</i>
Immediate <i>Heart failure</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. N. Diller</i>
	Address <i>Delton, Md -</i>
Accident or Suicide? <i>/</i>	



Name in Full		CERTIFICATE OF DEATH			
Josiah Freeze		Town New Thurmout		County Frederick	
Died -		MARYLAND			
Date of death	1908	Month April	Day 2	Years 61	Months 10
Sex Male	Color or Race white	Birth-place Maryland		Days 3	
Occupation Farmer		Where Residing if not at place of death near Thurmout			
Married, Single or Widowed Married	Name of Wife or husband Susan Freeze nee St. Lawrence				
Father's Name Michael Freeze	Father's Birthplace Md				
Mother's Maiden Name Susanna Metzger	Mother's Birthplace Md				
Name of person giving information Jacob Freeze	How related to deceased Brother				
CAUSES OF DEATH					
Primary Acute Indigestion	How long 64		months		
Immediate Apoplexy	How long one day				
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician James R. Walters M.D.			
		Address Thurmout - Md			
Accident or Suicide? No					



Name
in
Full

Linda Haines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

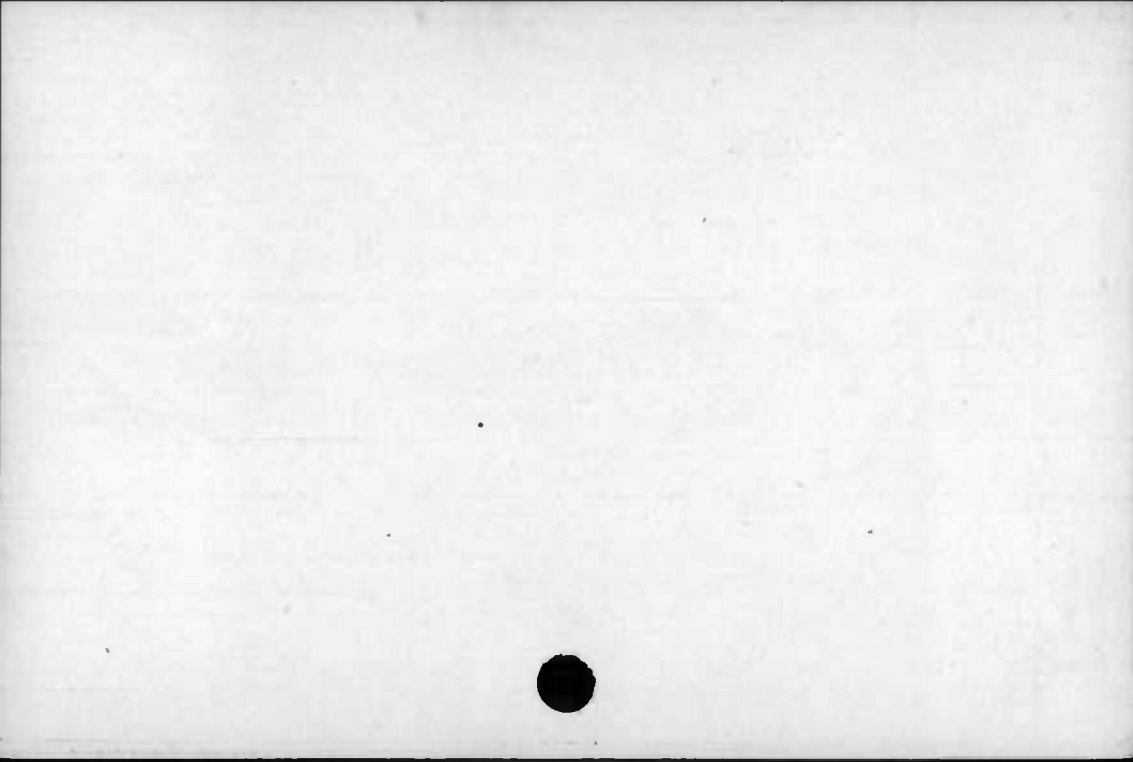
Died at <u>Brunswick</u> ^{Town}		<u>Fresnel</u> ^{County}		MARYLAND	
Date of death 1908 <u>Apr.</u> ^{Month}		<u>12</u> ^{Day}	Age <u>—</u> ^{Years}	<u>4</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>md</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Carlton G. Haine</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Jimm G. Beggs</u>			Mother's Birthplace <u>Pa</u>		
Name of person giving information <u>Carlton G. Haine</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary	<u>measles</u>	How long	<u>2 or 3 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Linn Hunt</u>	
		Address <u>Hunter Office</u>	
Accident or Suicide?		<u>No physician attendance</u>	



Name
in
Full

Rebecca Virginia Hane

CERTIFICATE OF DEATH

Died at ^{Town} *Indenick*County *Indenick*

MARYLAND

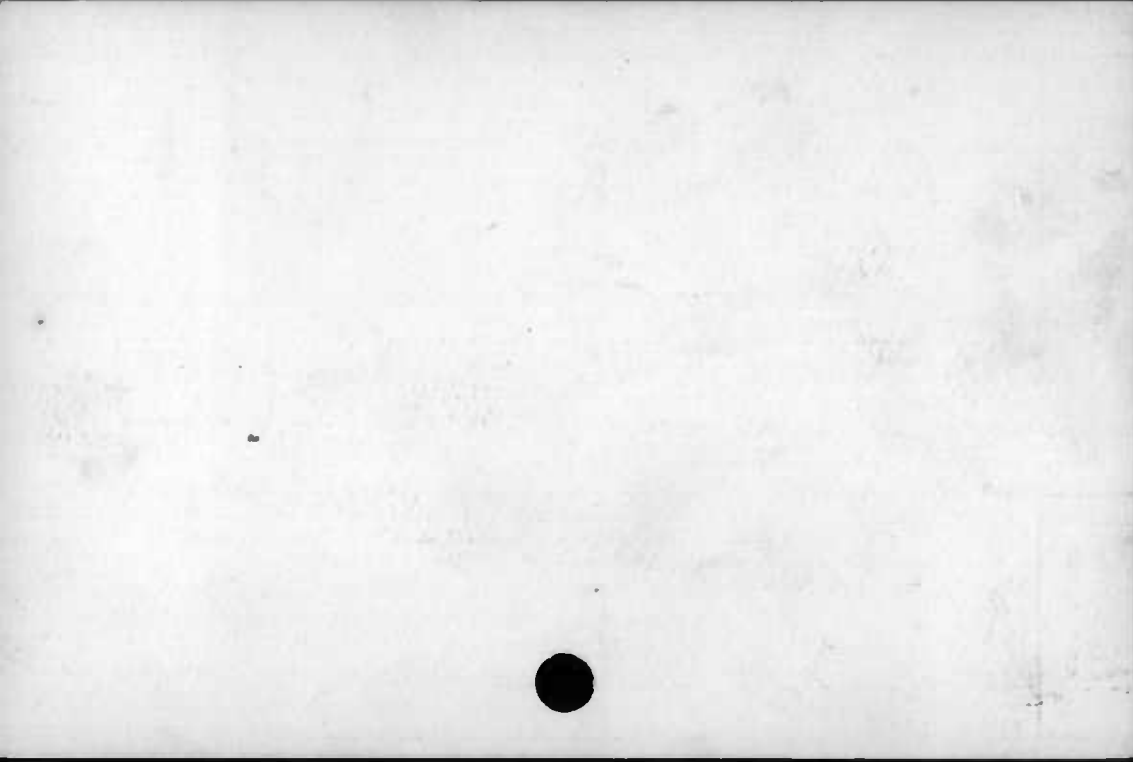
Date
of death *1908*Month *4*Day *6*Age *29*Months *10*Days *1*Sex *Female*Color or
Race *White*Birth-
place *Indenick G. Me*Occupation *Seamstress*Where Residing if not
at place of death *—*Married, Single
or Widowed *Single*Name of Wife or
Husband *—*Father's
Name *William Hane*Father's
Birthplace *Indenick G. Me*Mother's
Maiden Name *Mary Ellen Sears*Mother's
Birthplace *" "*Name of person giving
In formation *William H Hane*How related
to deceased *Brother*

CAUSES OF DEATH

Primary *Death*How long *18 months*Immediate *Death by Coma*How long *7 hours*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *D. B. Johnson*Address *Indenick Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

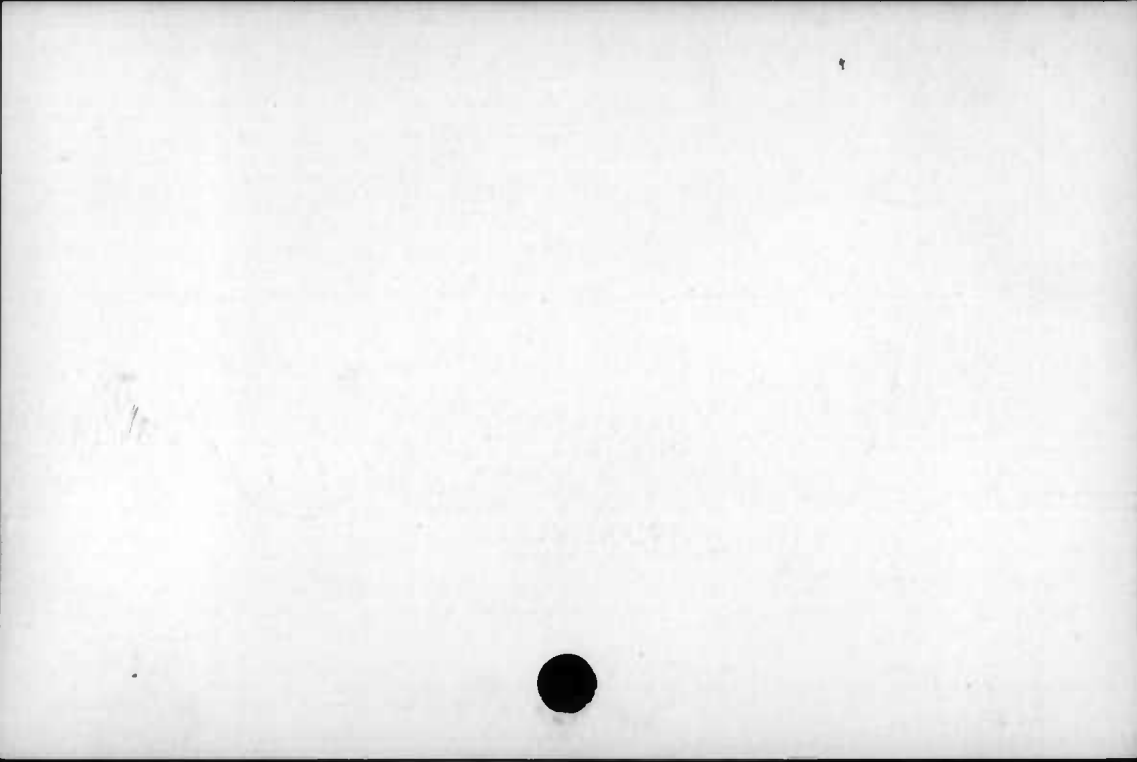
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Infant Osborne Fice</i>		Town <i>Fredricks</i>		County <i>Fredricks</i>		State <i>MARYLAND</i>	
Died at <i>Fredricks</i>		Date of death <i>1905</i>		Age <i>27</i>		Months <i>1</i>	
Sex <i>M.</i>		Color or Race <i>R.</i>		Birth-place <i>Md</i>			
Occupation <i>X</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Osborne Fice</i>				Father's Birthplace <i>Wd</i>			
Mother's Maiden Name <i>Harriet Cross</i>				Mother's Birthplace <i>Wd</i>			
Name of person giving information <i>Rezzie Sparks</i>				How related to deceased <i>Widow</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <i>Premature Birth (Slut Bra)</i>		How long <i>151</i>
Immediate Cause <i>Asphyxia</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. L. McCandless</i>
		Address <i>Fredricks</i>



Name
in
Full

Mauzilla Hopkins

CERTIFICATE OF DEATH

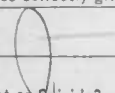
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mountainview</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>11th</i>	Age <i>40</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md.</i>				
Occupation <i>Domestic</i>			Where Residing if not at place of death <i>Frederick</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Hopkins</i>					
Father's Name <i>John Taylor</i>			Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary Sands</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mrs. Winberry</i>			How related to deceased <i>Friend</i>				

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary <i>Carcinoma Uteri</i>	How long <i>Indefinite</i>
Immediate <i>Exhaustion</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. U. G. Bourne</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>No</i>	

Internment at Greenmant

" April 18 - 08

Thomas P. Rice Esq

Dr. Goodell

Dr. M^cCurdy

Name In Full

Certificate of Death

Harry M. Horner

Town

County

Died at

Oak Hill

Frederick

MARYLAND

Date 1908

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1908

4

16

Age

-

-

21

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

J. M. Horner

Mother's
Name

Jessie Smith

Cause of

Primary

71

How long sick

Death

Immediate

Spasms

Accident, Suicide, Homicide

Reported by

A. A. Shaefer, Undertaker

Address

9 E. Volzberg Bid. No Physician

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Caused

Attended by Dr. _____

of _____

Attended by Dr. _____

of _____

Information contained in this certificate is received from Parents

of _____

Father's birth place
Mother's birth place

Lewistown, Md.
Johnsville, Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

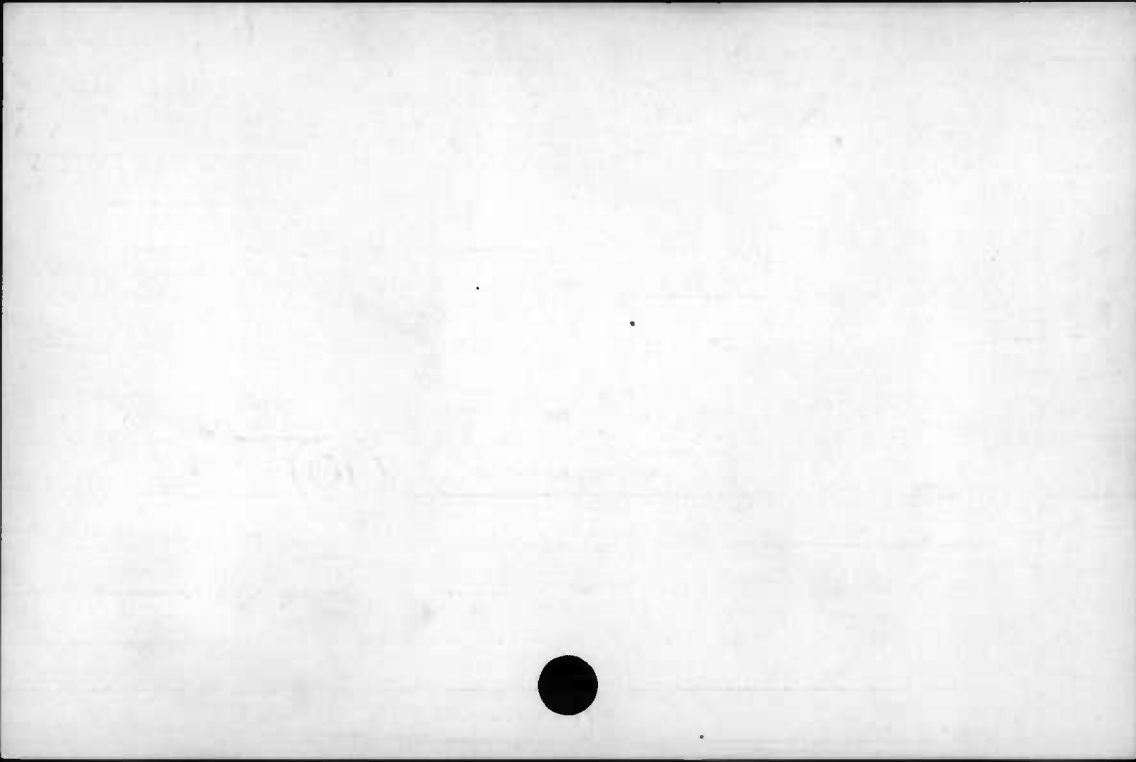
Name in Full <i>Jeremiah Horuck</i>		Town <i>Near Bridgeport</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Apr</i>	Day <i>27</i>	Age <i>58</i>	Months <i>6</i>	Days <i>27</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Ind</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single Widowed <i>Widowed</i>		Name of Wife or Husband <i>Elizabeth Horuck</i>					
Father's Name <i>Wm Horuck</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Ellen Bullinger</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving In formation <i>Wm P Horuck</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	How long <i>One week -</i>
Immediate <i>Pneumonia</i>	How long <i>One week -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. M. Benner, M.D.</i>
	Address <i>Paneytown</i>
Accident or Suicide?	<i>Ind -</i>



Name
in
Full

Norman James

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Mountville</u> ^{Town}		<u>Frederick</u> ^{County}	
Date of death	<u>1908</u> ^{Month} <u>April</u> ^{Day} <u>15</u> ^{Years} <u>one</u> ^{Months} <u>one</u> ^{Days} <u>29</u>	Age	<u>one</u> <u>29</u>
Sex	<u>Male</u>	Color or Race	<u>Black</u>
Occupation	Birth-place <u>Mountville</u>		
Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>H</u> <u>H</u>
Father's Name	<u>William James</u>	Father's Birthplace	<u>Fred's Co</u>
Mother's Maiden Name	<u>Hate Duffin</u>	Mother's Birthplace	<u>Fred's Co</u>
Name of person giving information	<u>Charlie Maskey</u>	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Broncho - Pneumonia</u>	How long	<u>6 mo.</u>
Immediate		How long	

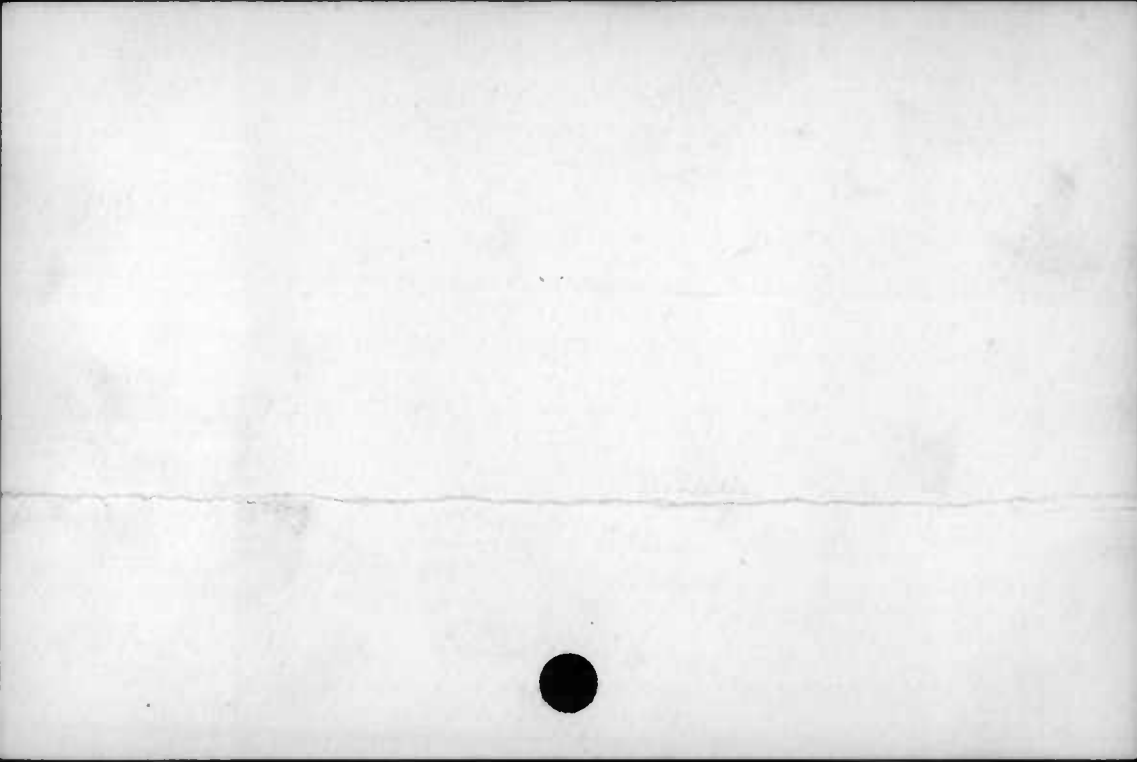
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Jas. L. Thomas,
Adamstown
Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name of Deceased *Infant of Mannes Fessler* Town *Friedrich* County *Fried* MARYLAND

Died at *Friedrich* Date of death *1908* *April* *10* Age *Years* *Months* *Days*

Sex *Male* Color or Race *white* Birth-place *Friedrich*

Occupation *X* Where Residing if not at place of death *Center St Fried*

Married, Single or Widowed *Single* Name of Wife or Husband *(S)*

Father's Name *Mannes Fessler* Father's Birthplace *Russia*

Mother's Maiden Name *Fessler* Mother's Birthplace *Russia*

Name of person giving information *Mannes Fessler* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

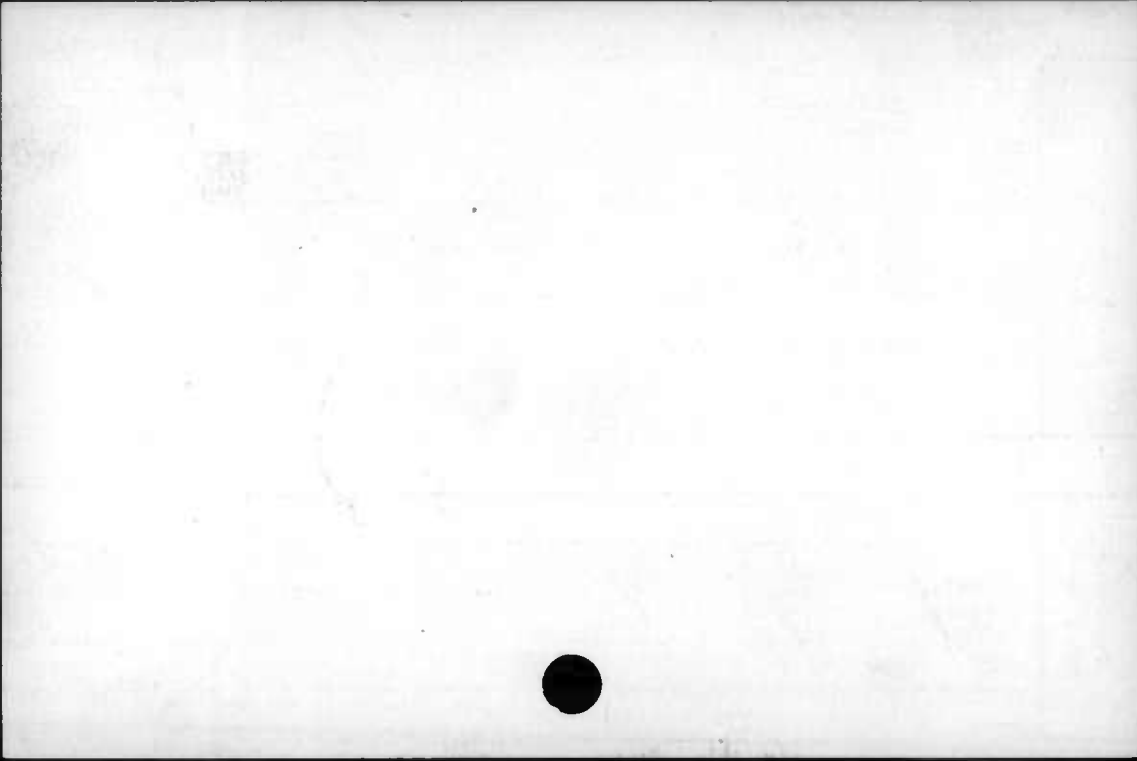
Primary *Force Presentation and deep wound of child* *How long* *asphyxia* *Immediate*

Immediate *asphyxia* *How long* *Immediate*

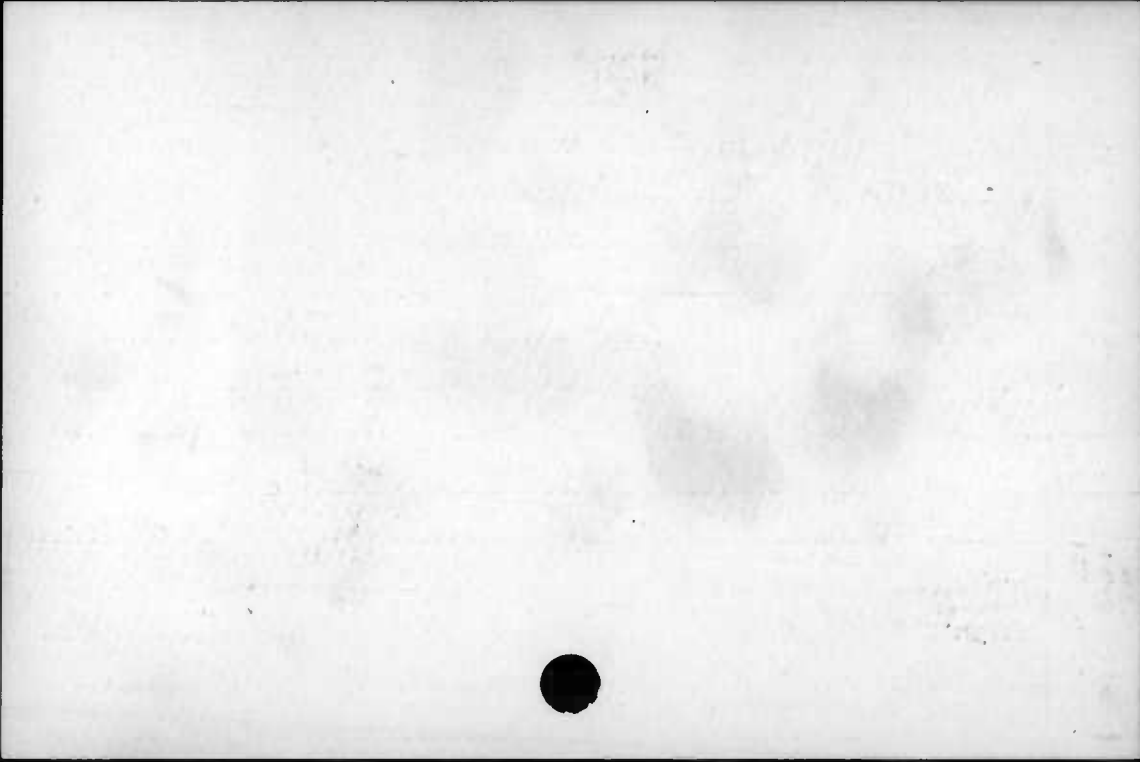
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. H. Hedger* Address *Friedrich*

Accident or Suicide? *No*



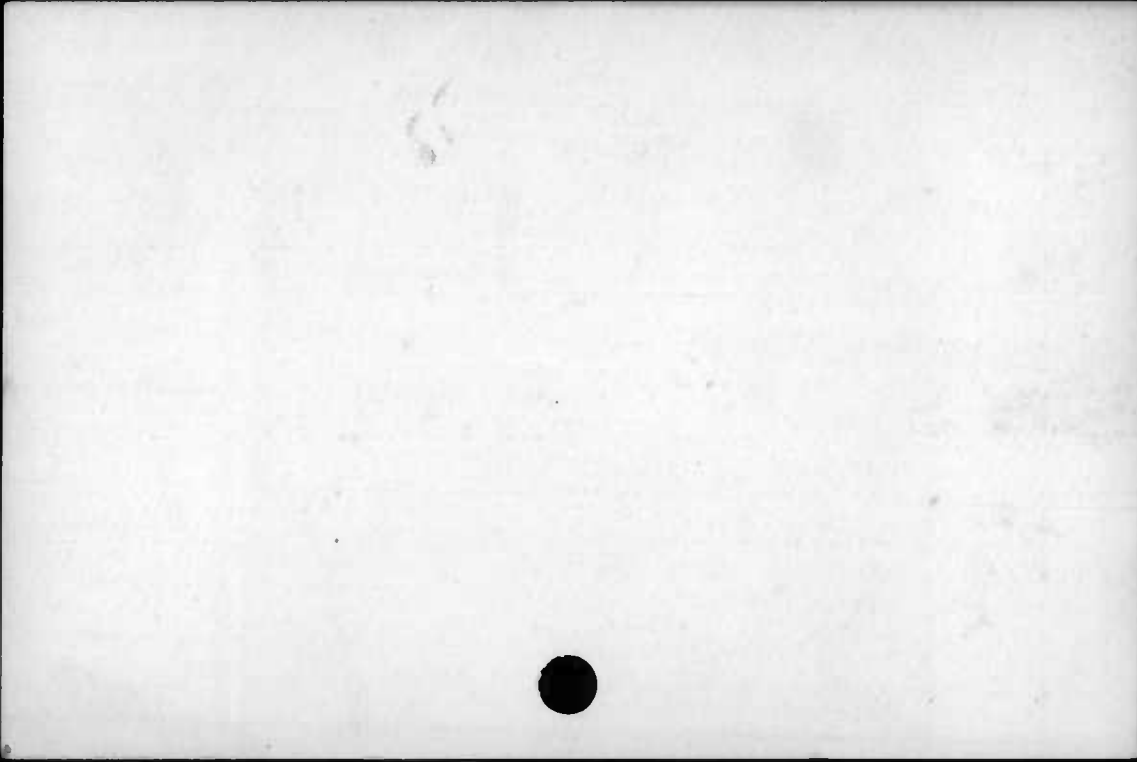
Name in Full		CERTIFICATE OF DEATH				
James Monroe Irish		Town Leagaville		County Frederick		
Died at		MARYLAND				
Date of death	1908	Month Apr	Day 11	Age Years	Months	
Sex	Male	Color or Race	white	Birth- place	Leagaville Md	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Charles J. Irish			Father's Birthplace	Maryland	
Mother's Maiden Name	Ellen V. Irish			Mother's Birthplace	Maryland	
Name of person giving In formation	Ellen V. Irish			How related to deceased	Mother	
<div>CAUSES OF DEATH</div> <div>151</div>						
PHYSICIAN OR CORONER	Primary	Seven Month Child			How long	9 day
	Immediate	Exhaustion			How long	9 day
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
	<div>7</div>			Address J. McGowan, Md. Frederick, Md.		
Accident or Suicide?						



Name in Full		Town				County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Mountview Hospital		Frederick		MARYLAND		
		Date of death		1908	Month	Apr	Day	5th	Age	about 80
		Sex		Male		Color or Race		Black		
		Occupation		Formally Laborer		Where Residing if not at place of death		Ind		
		Married, Single or Widowed		Unknown		Name of Wife or Husband		Unknown		
		Father's Name		Unknown		Father's Birthplace		Unknown		
		Mother's Maiden Name		Unknown		Mother's Birthplace		"		
		Name of person giving information				How related to deceased				
PHYSICIAN OR CORONER		CAUSES OF DEATH						154		
		Primary		Senile Dementia				How long		2 years
		Immediate		Exhaustion				How long		Several weeks
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				M. G. Doune M.D.
		Address				Frederick Md.				
Accident or Suicide?										



Name in Full		Ruth Knott				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Lantz</i> Town		<i>Frederick</i> County		MARYLAND		
	Date of death <i>1908</i> Month <i>April</i> Day <i>18</i>		Age <i>—</i> Years		Months <i>3</i>		Days <i>—</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lantz Md</i>		
	Occupation <i>None</i>		Where Residing if not at place of death <i>At place of death</i>				
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>George Knott</i>		Father's Birthplace <i>Frederick Md</i>				
	Mother's Maiden Name <i>Edith Haggaman</i>		Mother's Birthplace <i>Lantz Md</i>				
Name of person giving information <i>Father George Knott</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Broncho-pneumonia</i>		(92) How long <i>2 week</i>				
	Immediate <i>Convulsions</i>		How long <i>8 or 10 hours</i>				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. L. Wachter M. D</i>				
	<i>Yes.</i>		Address <i>Sabillasville Md.</i>				
	Accident or Suicide?						



Name
in
Full

Elmer. / Kosey

CERTIFICATE OF DEATH

MARYLAND

Died at Brunsvick Town

Frederick County

Date
of death 1908Month
Apr.Day
12

Age

Years
6Months
8

Days

Sex
MaleColor or
Race

white

Birth-
place

Md

Occupation

school

Where Residing if not
at place of deathMarried, Single
or Widowed

-

Name of Wife or
Husband

-

Father's
Name

William Kosey

Father's
Birthplace

D.C.

Mother's
Maiden Name

Mary McKern

Mother's
Birthplace

Pa

Name of person giving
information

William Kosey

How related
to deceased

father

CAUSES OF DEATH

6

Primary

measles

How long

2 weeks

Immediate

Bronchopneumonia

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

L. W. West

Address

Brunsvick

Frederick Co

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

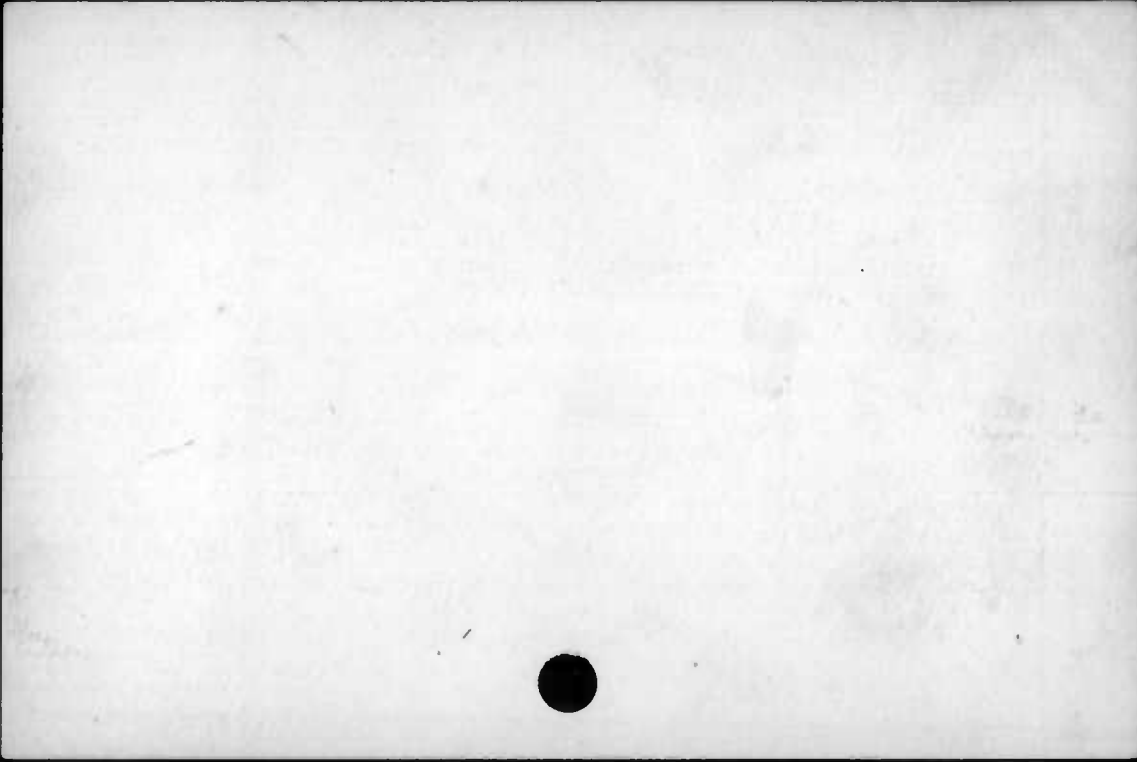
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Victor Roy Lawson		Town Slag Pond		County Isle of Wight		State MARYLAND	
Died at Slag Pond		Date of death 1908		Age 27		Months 2	
Month 4		Day 28		Year 1908		Days 3	
Sex Male		Color or Race Negro		Birthplace Doubs			
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband Birdie M. Jesse					
Father's Name Harry Lawson		Father's Birthplace Mont Co.					
Mother's Maiden Name Mary V. Fair		Mother's Birthplace West Hill Co.					
Name of person giving information Roy Lawson		How related to deceased Brother					
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary Tuberculosis.	How long 1 year
Immediate Heart failure.	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician G. H. Bouley
	Address Adamstown Md.
Accident or Suicide? No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John H. Mayhugh		Town Frederick		County Frederick		MARYLAND	
Died at Frederick		Month 4		Day 11		Years 57	
Date of death 1908		Month 4		Day 11		Age 57	
Sex Male		Color or Race White		Birthplace Wash. Co. Md.		Months 9	
Occupation Not given		Where Residing if not at place of death Same		Days 1			
Married, Single or Widowed Married		Name of Wife or Husband Susan Diffendaefer					
Father's Name William Mayhugh		Father's Birthplace Md					
Mother's Maiden Name Unknown		Mother's Birthplace —					
Name of person giving information William Mayhugh		How related to deceased Son					

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary Alcoholism Chronic Nephritis	How long 6 years
Immediate Inflammatory Rheumatism	How long 6 weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician H. H. Hedger
	Address Frederick
Accident or Suicide? No	

Interment at Knoxville Med
April 14 1908

Thomas P. Price F.O.

Dr Hedges

Dr McCurdy

Name
in
Full

Sallie Ann Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

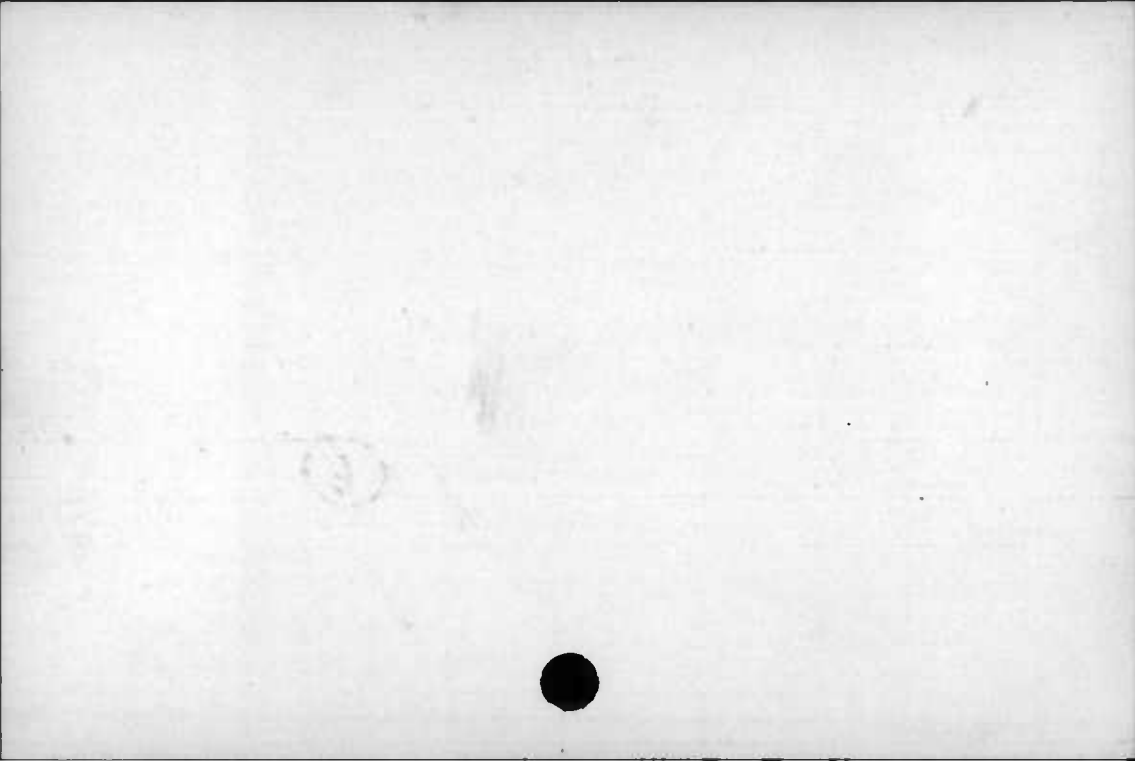
Died at <u>Brunswick</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>Apr</u> ^{Month}	<u>5</u> ^{Day}	<u>70</u> ^{Age}	<u>6</u> ^{Months}	<u>-</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>W. Va</u>		
Occupation <u>None</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>John Harry Miller</u>			
Father's Name <u>Mahlon Lancaster</u>			Father's Birthplace <u>W. Va</u>		
Mother's Maiden Name <u>Miss Fiebert</u>			Mother's Birthplace <u>W. Va</u>		
Name of person giving information <u>Aunt Miller</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

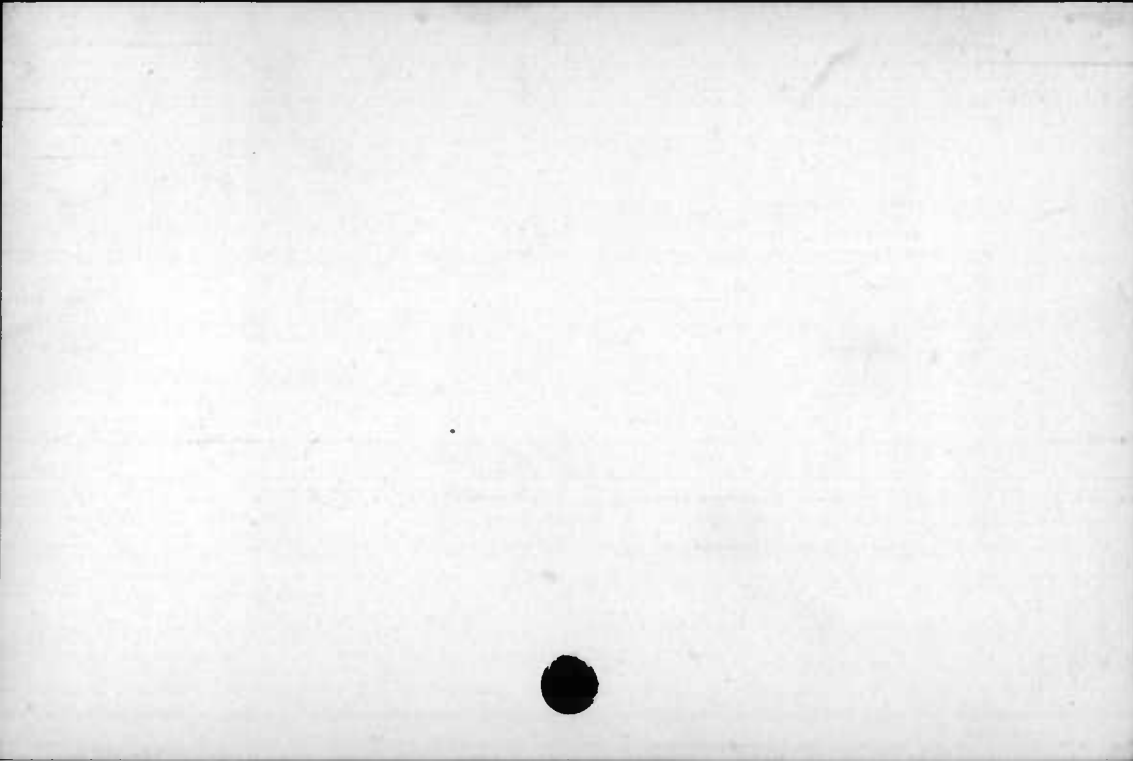
79

PHYSICIAN
OR CORONER

Primary	<u>Cardiac Asthma</u>	How long <u>1 year</u>
Immediate	<u>h</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>H. S. Hager</u>
		Address <u>Brunswick</u>
		<u>Frederick Co</u>
Accident or Suicide?		



Name in Full James Jesse Lee Mills		CERTIFICATE OF DEATH	
Died at Brunswick Town		Frederick County	
Date of death 1908		Month Apr	Day 17
Age — Years		Months 6	Days 6
Sex male	Color or Race white	Birth-place Ind	
Occupation —		Where Residing if not at place of death —	
Married, Single or Widowed —		Name of Wife or Husband —	
Father's Name Jno. S. Mills		Father's Birthplace Ind	
Mother's Maiden Name Mary A. Davis		Mother's Birthplace Ind	
Name of person giving information Jno. S. Mills		How related to deceased Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">6</div>			
TO BE ANSWERED BY NEAREST FRIEND	Primary	Pneumonia following measles	
	How long	2 weeks	
	Immediate	measles	
	How long		
	Are the name, age, sex, color, date and place correctly given above?	yes	
PHYSICIAN OR CORONER	Signature of Physician	Levin H. H. H.	
	Address	13 Brunswick Frederick Co	
	Accident or Suicide?	—	



Name
in
Full

Charles E. Patterson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death	1908	Month 4	Day 22	Age —	Years —	Months 2	Days 1
Sex	male		Color or Race	Black		Birth- place	Washington D.C.
Occupation	Child			Where Residing if not at place of death		Washington D.C.	
Married, Single or Widowed	X		Name of Wife or Husband	X			
Father's Name	Richard H. Patterson					Father's Birthplace	VA
Mother's Maiden Name	Alice S. Cartmell					Mother's Birthplace	MD
Name of person giving In formation	Dorothy Cartmell					How related to deceased	S. Walker

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Malaria	How long	1 Month
Immediate	Exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	W. A. Long		
Address	Frederick Md		
Accident or Suicide?			



Name
in
Full

E. P. Pfoutz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

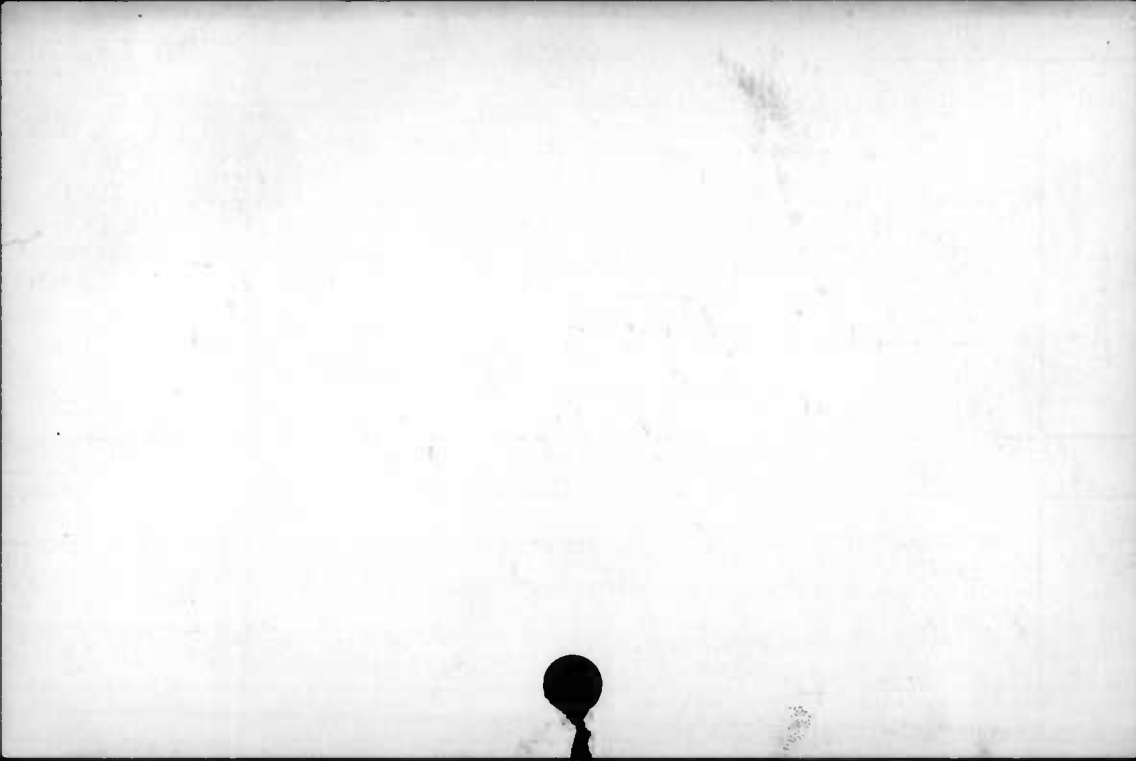
Died at <i>Near Beardam Ford</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>2</i>	Years <i>72</i>	Months <i>7</i>	Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Mary Pfoutz</i>			
Father's Name <i>Martin Pfoutz</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>X</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Samuel Pfoutz</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary <i>Dropsy General</i>	How long <i>2 yrs.</i>
Immediate <i>Collapsus</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr James Pratt</i>
	Address <i>Union Bridge Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

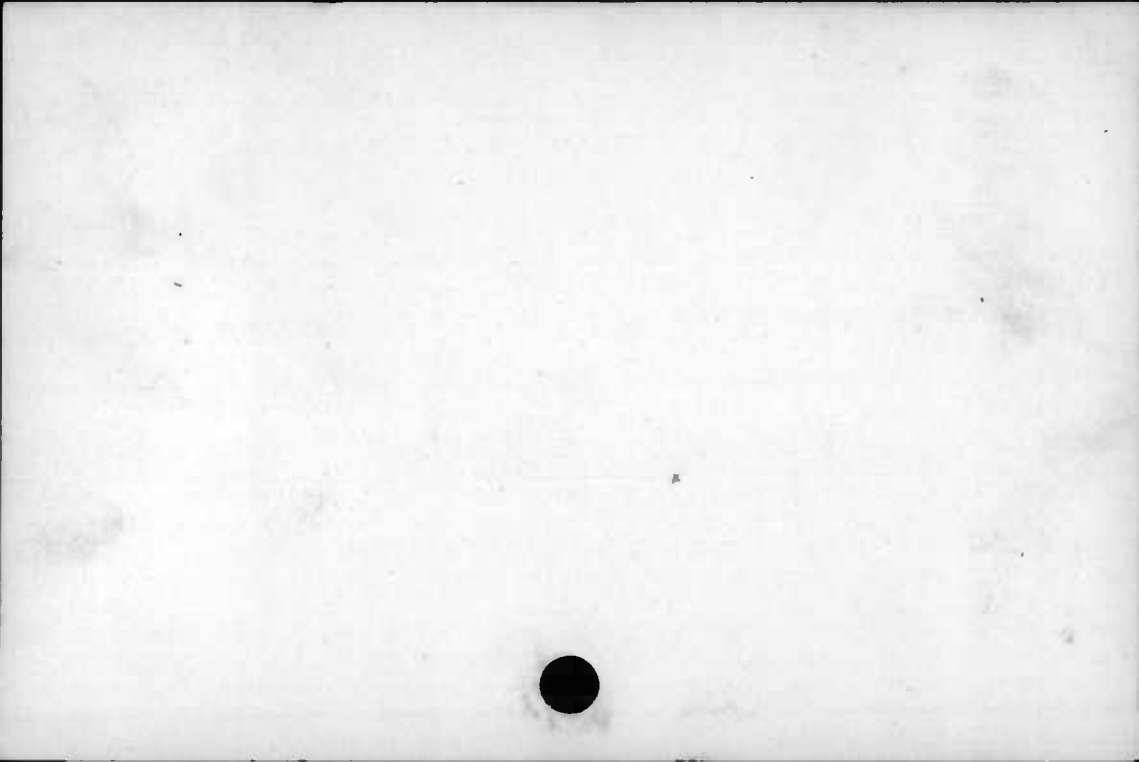
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Richard Randall</i>		Town <i>Fredesick</i>		County <i>Fredereck</i>		MARYLAND	
Died at <i>Fredesick</i>		Month <i>4</i>		Day <i>25</i>		Years <i>21</i>	
Date of death <i>1908</i>		Month <i>4</i>		Day <i>25</i>		Years <i>21</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Fredereck</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>William Randall</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Hannah Palmer</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Mrs Randall</i>		How related to deceased <i>Mother</i>					

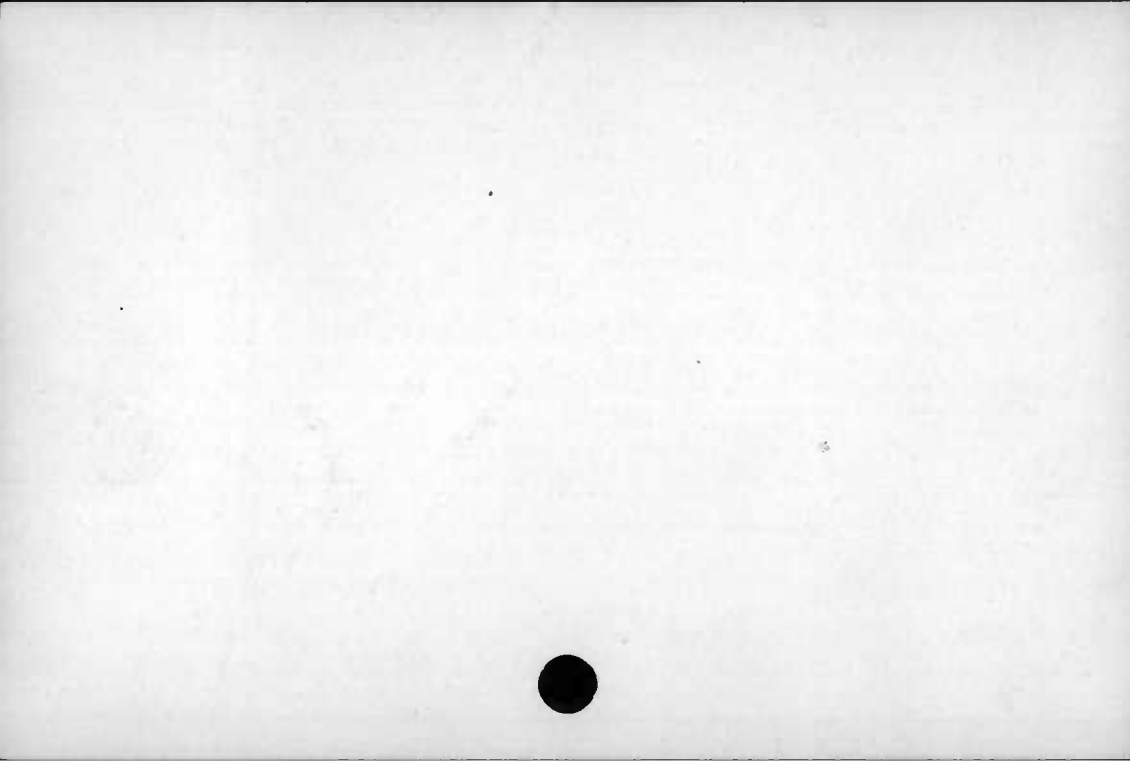
CAUSES OF DEATH

PHYSICIAN
OR CORONER

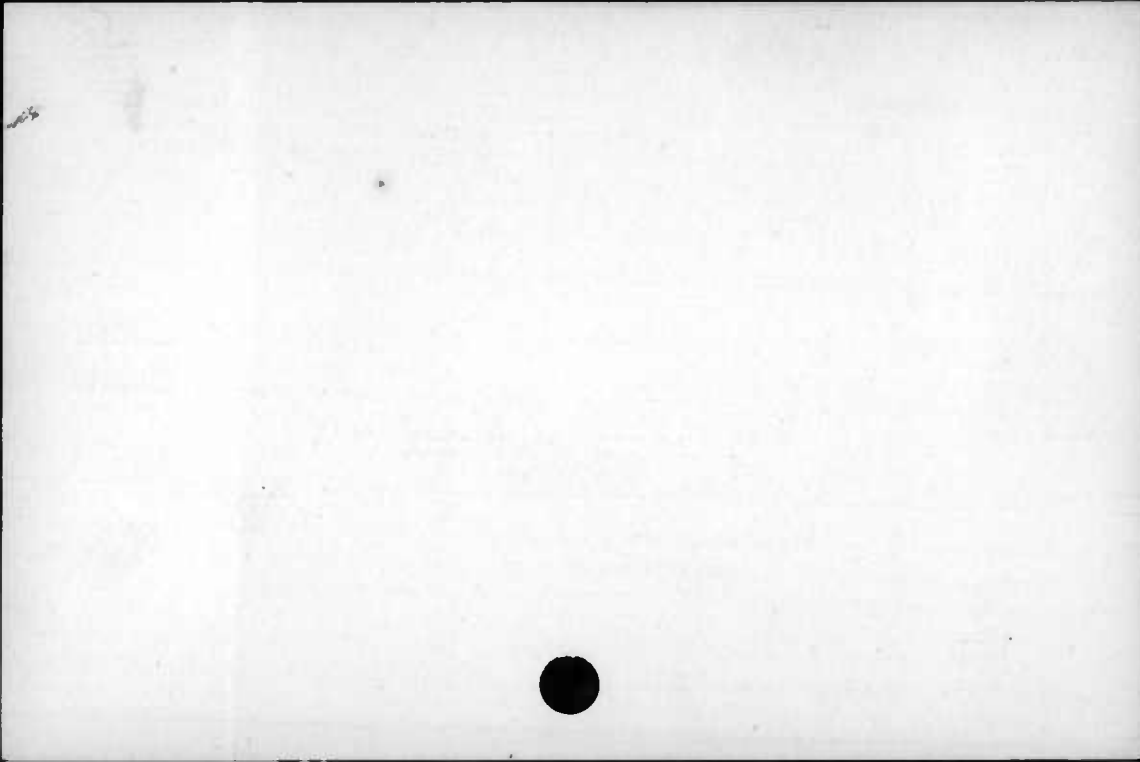
Primary <i>Typhoid Fever</i>	How long <i>6 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. F. Gooden, M.D.</i>
	Address <i>Fredereck, Md</i>
Accident or Suicide? <i>_____</i>	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Liberty Town</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND
	Date of death <u>1908</u> ^{Month} <u>April</u> ^{Day} <u>11th</u>	Age <u>—</u> ^{Years}	Months <u>7</u>	Days <u>2</u>	
	Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Liberty Town</u>		
	Occupation <u>—</u>	Where Residing if not at place of death			
	Married, Single or Widowed <u>—</u>	Name of Wife or Husband			
	Father's Name <u>William Rice</u>	Father's Birthplace <u>Frederick Co</u>			
	Mother's Maiden Name <u>Anna Ryder</u>	Mother's Birthplace <u>N. Y.</u>			
Name of person giving information <u>Anna Rice</u>	How related to deceased <u>Mother</u>				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">32</div>					
PHYSICIAN OR CORONER	Primary <u>Tubercular Arthritis</u>	How long <u>1 week</u>			
	Immediate <u>Pyemia</u>	How long <u>2 days</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. B. H. Hone</u>			
		Address <u>Liberty Town</u>			
		<u>Md.</u>			
Accident or Suicide?					



Name in Full		Walter Brook Runkles						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Plane No. 4		Frederick		No. 6		MARYLAND	
	Date of death	1908	Month 4	Day 4	Age	one	Months 8	Days 3	
	Sex	male		Color or Race	white		Birth- place	Maryland	
	Occupation	none			Where Residing if not at place of death				
	Married, Single or Widowed	single		Name of Wife or Husband	not married				
	Father's Name	Walter G. Runkles					Father's Birthplace	Maryland	
	Mother's Maiden Name	Ada B. Buxton					Mother's Birthplace	"	
Name of person giving In formation	Walter G. Runkles					How related to deceased	Father		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(28)</div>									
PHYSICIAN OR CORONER	Primary	Tubercular Meningitis					How long	10 days	
	Immediate						How long		
	Are the name, age, sex, color, date and place correctly given above?	yes			Signature of Physician	Howard A. Hopkins			
	Accident or Suicide?	no			Address	New Market Md.			



Name
in
Full

Premature Birth.

Savoy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Mountview ^{Town}Dorchester Co ^{County}Date of death 1908 Apr ^{Month} 7 ^{Day}Age ^{Years}Months Days Sex maleColor or
Race BlackBirth-
place MountviewOccupation UnknownWhere Residing if not
at place of death Married, Single
or Widowed NeitherName of Wife or
Husband NoneFather's
Name UnknownFather's
Birthplace UnknownMother's
Maiden Name Susan Ann SavoyMother's
Birthplace mdName of person giving
In formation Susan Ann SavoyHow related
to deceased mother

CAUSES OF DEATH

How long

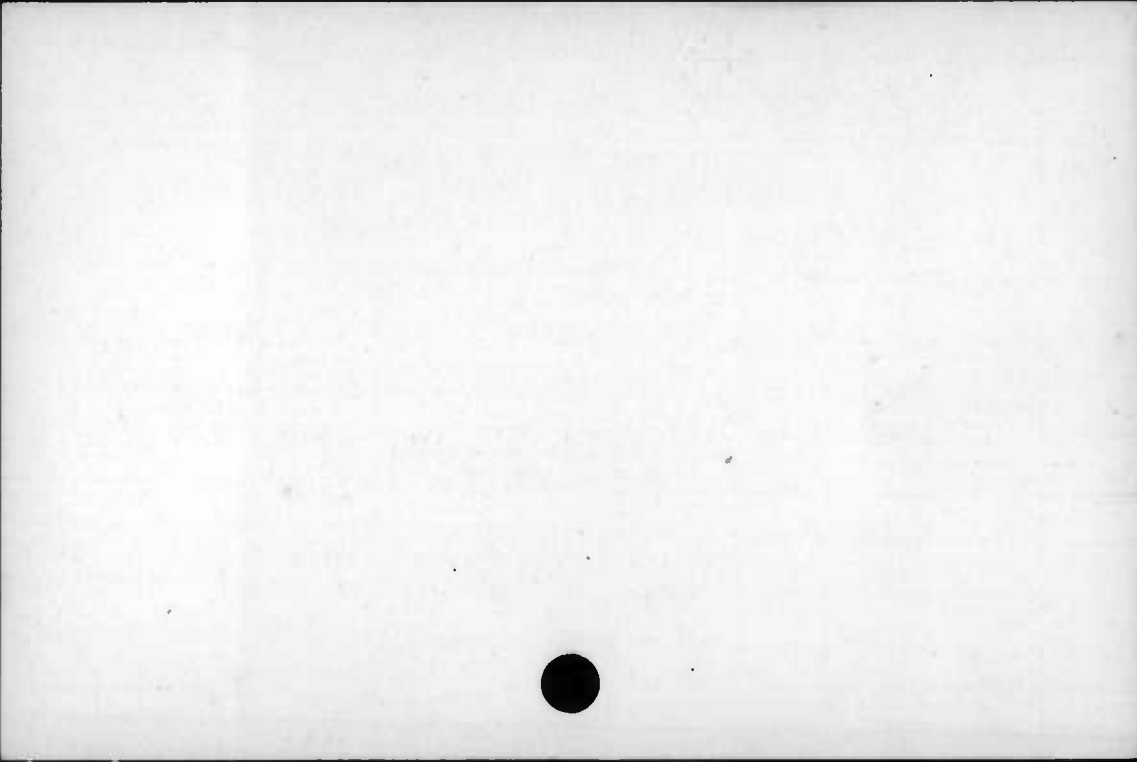
Probably 24 hrs.

How long

Primary Death in Utero

Immediate

Are the name, age, sex, color, date
and place correctly given above? yesSignature of
Physician U G J. DoorneAddress Dorchester, Md.Accident or Suicide?



Name
in
Full

Mary M. Schuetz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>5</i>	Age <i>91</i>	Months <i>4</i>	Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death <i>X</i>		
Married Single or Widowed			Name of Wife or Husband <i>X</i>		
Father's Name <i>George Schuetz</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Sophia Schuetz</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>E. Mrs Kemp</i>			How related to deceased <i>Relative</i>		

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary <i>(Fall on pavement)</i> <i>Accident - Paralysis</i>	How long <i>5 weeks</i>
Immediate <i>Paralysis of Heart</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Gooden md</i>
	Address <i>Frederick Md</i>
Accident or Suicide <i>X</i>	

Interment Apr 7 - 08

Not Olin

Thos P Rice

Name
in
Full

Margaret Sennott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

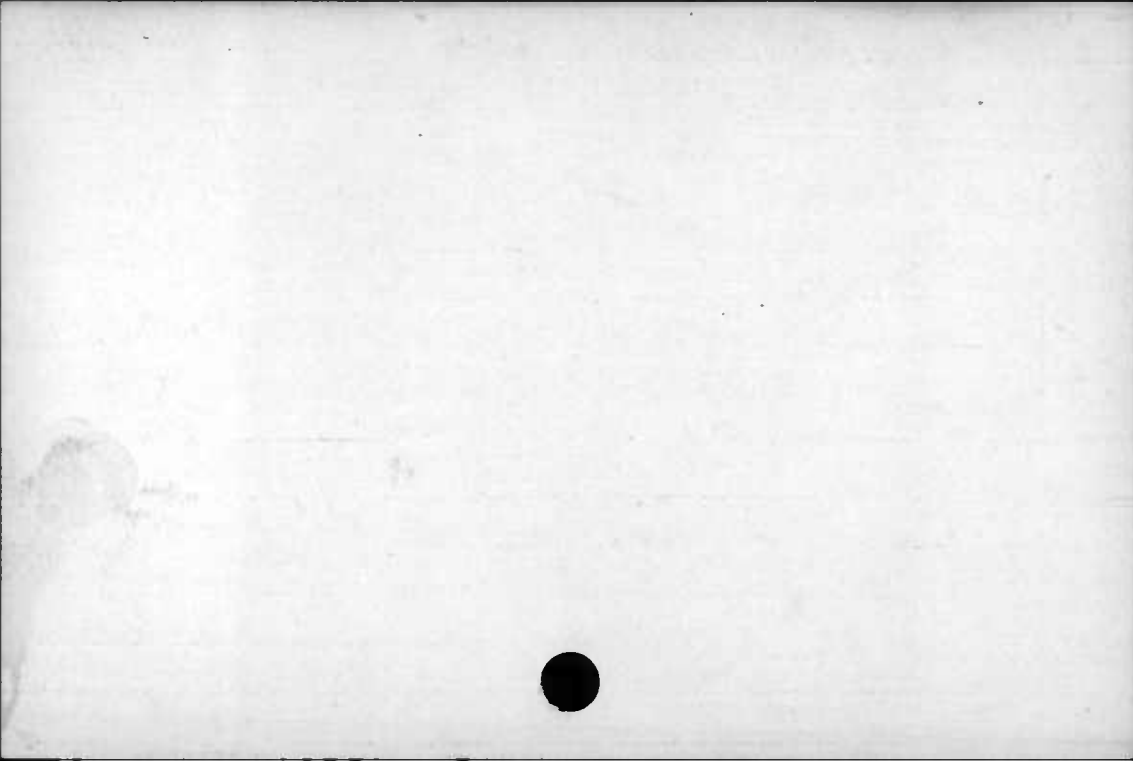
Died at		Town Brunswick		County Frederick		MARYLAND		
Date of death		1908	Month 4	Day 16	Age 37	Years	Months 11	Days 13
Sex Female		Color or Race White		Birth- place Maryland				
Occupation None				Where Residing if not at place of death				
Married, Single or Widowed		Single		Name of Wife or Husband				
Father's Name		Thomas J Sennott				Father's Birthplace		MD
Mother's Maiden Name		M A Sennott				Mother's Birthplace		MD
Name of person giving In formation		John Sennott				How related to deceased		Brother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Consumption	How long	9 months
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A J Hedges	
Address		Brunswick MD	
Accident or Suicide?		9	



Name in Full		Mrs. Irene Shafer.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Ladiesburg		County Fredk	
		Date of death		1908 apr. 26 th		Age 48	
		Sex		Female		Color or Race white	
		Occupation		Farming		Birth-place Woodboro, Md.	
		Where Residing if not at place of death		Ladiesburg.			
Married, Single or Widowed		married		Name of Wife or Husband		Allen Schaeffer	
Father's Name		Dr. Richard T. Hammond		Father's Birthplace		Fredk Co, Md.	
Mother's Maiden Name		Mary Agnes Craner		Mother's Birthplace		Fredk Co, Md.	
Name of person giving information		Dr. R. L. Hammond		How related to deceased		Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Overwork / Kidney Disease		How long about 4 yrs.	
		Immediate		Uraemic Coma		How long about 8 weeks	
		Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician R. L. Hammond	
				Address		Woodboro, Md.	
		Accident or Suicide?		no!			

N. 73.

1859., 10., 28

Kidneys would at times
throw off albumen, urine scanty,
acid, sp. gr. 1020-1028. loaded
with phosphates, etc.

Eyes very painful, photophobia,
amblyopia, hemiopia, diplopia, +
vertigo, - Persistent delirium
preceded coma for about one week,
coma gradually deepened for
48 hours before death. R. L. Hammond

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ann M. Shank</i>		Town <i>Woodsboro</i>		County <i>Fred</i>		State <i>MARYLAND</i>	
Died at <i>Woodsboro</i>		Date of death 1908		Month <i>4</i>		Day <i>15</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>71</i>		Months <i>3</i>	
Occupation <i>Housework</i>		Birth-place <i>Woodsboro Md.</i>		Where Residing if not at place of death <i>At Place of death</i>		Days <i>1</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Geo Henry Shank</i>		Father's Name <i>Samuel Baker</i>		Father's Birthplace <i>Woodsboro</i>	
Mother's Maiden Name <i>Harriet Beck</i>		How related to deceased <i>daughter</i>		Mother's Birthplace <i>Woodsboro</i>		Name of person giving information <i>Emma Shank</i>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>4 or 5 months</i>
Immediate <i>Recurrent Attack</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Kable</i>
<i>J</i>	Address <i>Woodsboro, Md.</i>
Accident or Suicide?	



Name
in
Full

Charles J. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Johnsville</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death 190 <u>8</u>	<u>Apr.</u> <small>Month</small>	<u>3</u> <small>Day</small>	Age <u>55</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>7</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, <u>Single</u> <small>or Widowed</small>			Occupation <u>Farmer</u>		
Name of Wife <u>Ida E. Hammond</u>					
Father's Name <u>Joseph M. Smith</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Elizabeth Collins</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Ida E. Smith</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <u>Indigestion</u>	How long <u>2 or 3 hours</u>
Immediate <u>Heart Failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>F. H. Sidwell</u>
Accident or Suicide?	Address <u>Johnsville, Md.</u>



Name in Full		Rachel Cockay Suman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Buckeys town		County		MARYLAND	
	Date of death	1908	Month	Apr	Day	19	Age
					Years	87	Months
						4	Days
						10	
	Sex	Female		Color or Race	White		Birth-place
						Md.	
Occupation	House wife			Where Residing if not at place of death			
				Same			
Married, Single or Widowed	Widowed		Name of Wife or Husband		Wm R. Suman		
Father's Name	William Cornwall				Father's Birthplace	Unknown	
Mother's Maiden Name	Harriet Stitches				Mother's Birthplace	Md.	
Name of person giving information	Eunice Suman				How related to deceased	Daughter	
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Old Age				How long	Some mths
	Immediate	Erysipelas				How long	Several wks.
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				T. Clyde Rounton		
	Address				Buckeys town		
Accident or Suicide?				—			

18



Name
in
Full

Elizabeth Thomas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death	1908	Month 4	Day 27	Age 88	Years 1	Months 16	Days
Sex	Female		Color or Race	White		Birth- place	Frederick Co Md
Occupation	House Wife			Where Residing if not at place of death		Same	
Married, Single or Widowed	Widow		Name of Wife or Husband		David Thomas		
Father's Name	John Hildebrand					Father's Birthplace	Frederick Co Md
Mother's Maiden Name	Margaret Brafield					Mother's Birthplace	" " "
Name of person giving In formation	Mrs. Ida De Cashuett					How related to deceased	Daughter

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Senile Debility		How long	57 years
Immediate	Exhaustion		How long	10 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	C. F. Goodlee, M.D.
			Address	Frederick, Md
Accident or Suicide?		no		

Interment April 28—08

" at Mt Olivet

Thomas P. Rice F.O.

Dr Goodell

Dr McCurdy

Name
in
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

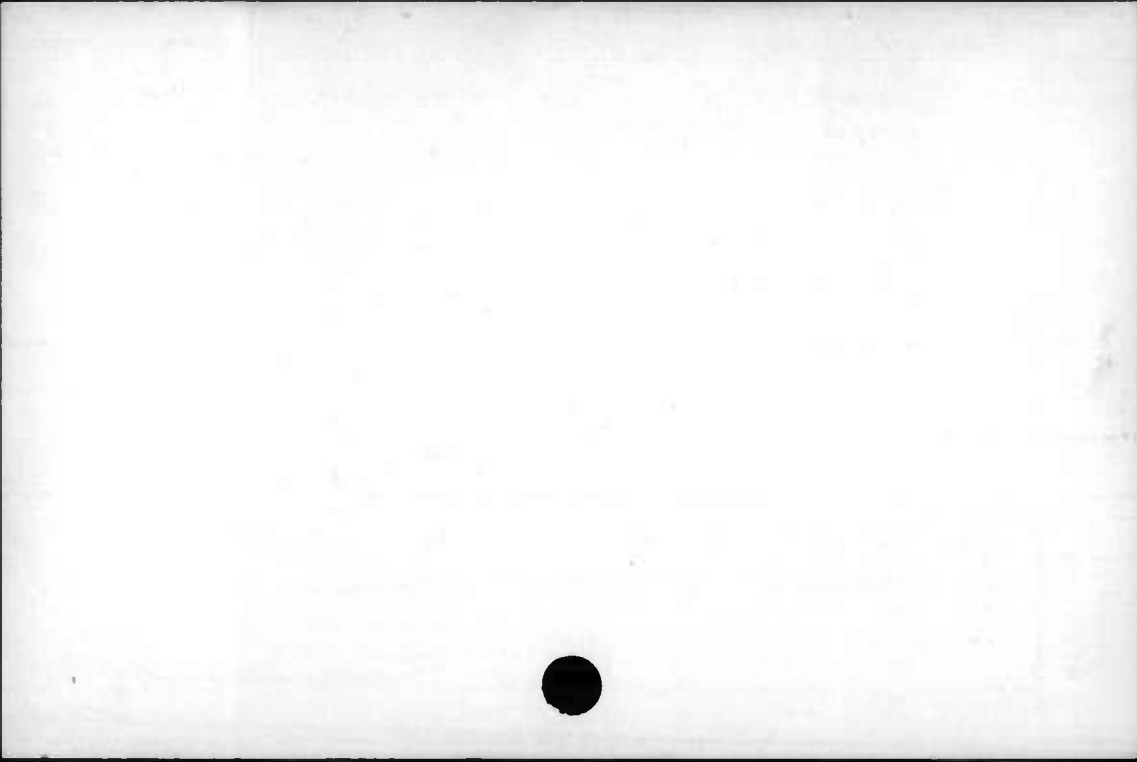
Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		190 <i>8</i>	Month <i>April</i>	Year <i>1908</i>	Age <i>27</i>	Months <i>11</i>	Days <i>28</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Pa</i>			
Occupation <i>Fireman R.</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan Auddrie</i>					
Father's Name <i>—</i>		Unknown				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>		Unknown				Mother's Birthplace <i>—</i>	
Name of person giving Information <i>Wm. N. Whitman</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate	<i>Intestinal Perforation</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Heber</i>
		Address <i>Frederick</i>
		

Accident or Suicide?



Name
in
Full

Chas Gaskry Taylor Willhide

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

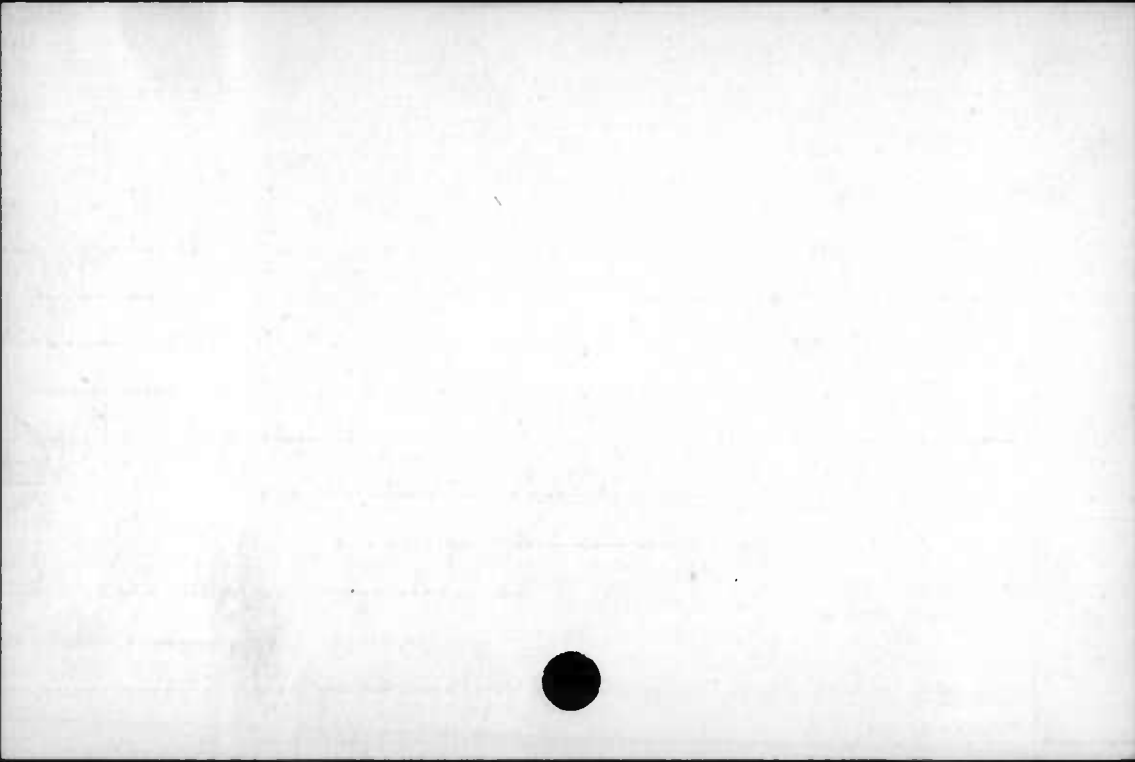
Died at <i>Thurmont</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>8</i>	Age <i>61</i>	Months <i>2</i>	Days <i>28</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>retired farmer</i>			Where Residing if not at place of death <i>Thurmont</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Lida McCreary</i>				
Father's Name <i>Joseph Willhide</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Sarah Cyler</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>William Willhide</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary <i>Periculous Anemia</i>	How long <i>3 yrs -</i>
Immediate <i>Exhaustion Pulmonary Edema</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Morris A. Bink</i>
<i>9</i>	Address <i>Thurmont - Md</i>
Accident or Suicide? <i>~</i>	



Name
in
Full

Noah Hilliams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

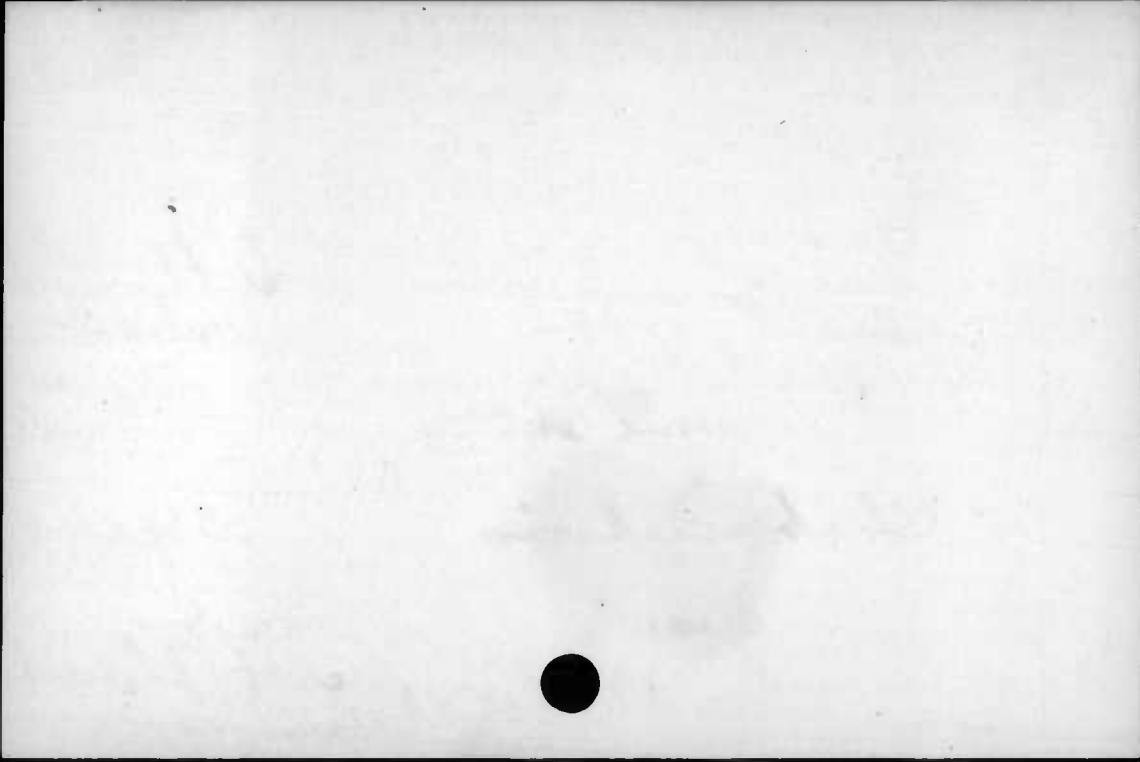
Died at <i>Mountainview</i>		County <i>Bedford</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Apr</i>	Day <i>24</i>	Age <i>40</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>Had none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>"</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>"</i>			Mother's Birthplace <i>"</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

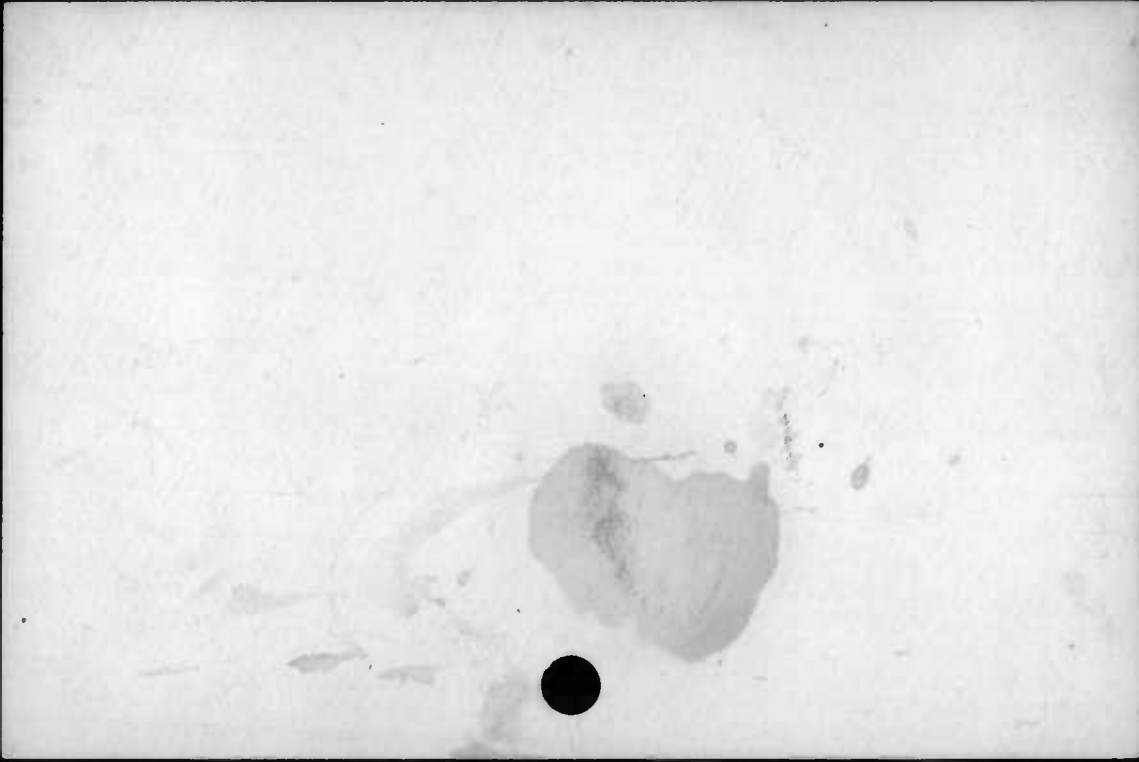
69

PHYSICIAN
OR CORONER

Primary <i>Epilepsy (organic)</i>	How long <i>Several years</i>
Immediate <i>Exhaustion</i>	How long <i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>U. G. Boone M.D.</i>
	Address <i>Indst</i>
Accident or Suicide? <i>—</i>	<i>Ind</i>



Name in Full		Town		County		CERTIFICATE OF DEATH			
Thomas G. Wood		M. Kaig		Frederick		MARYLAND			
Died at		Date of death		Age		Months		Days	
1908		4 8		46		10		11	
Sex		Color or Race		Birth-place					
Male		White		Carroll Co.					
Occupation		Where Residing if not at place of death							
Farmer									
Married, Single or Widowed		Name of Wife or Husband							
Married		Bessie Gallagher							
Father's Name		Father's Birthplace							
Basil Wood		Frederick Co.							
Mother's Maiden Name		Mother's Birthplace							
Charlotte Hammond		" "							
Name of person giving information		How related to deceased							
Bessie Wood		Wife							
CAUSES OF DEATH									
Primary		How long							
Tuberculosis		3 years							
Immediate		How long							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
yes.		Address							
Accident or Suicide?		J. H. Laib							
		Mt. Pleasant, Frederick Co.							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

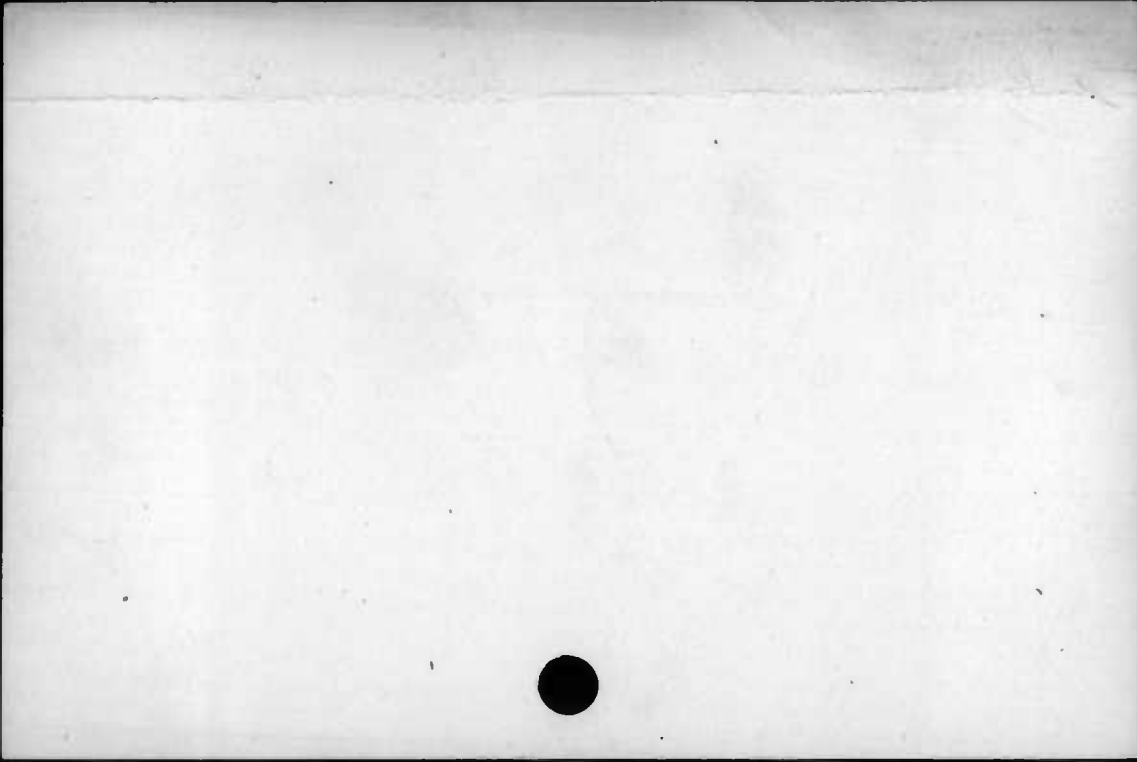
Name <i>John Woodward</i>		Town <i>Westfalls</i>		County <i>Frederick</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
<i>1908 April 18</i>		<i>57</i>					
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>At place of death</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jennie Hammond</i>					
Father's Name <i>James Woodward</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Caroline Brown</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Bernon Woodward</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary <i>Nervous Prostration</i>	How long <i>About one month</i>
Immediate <i>Heart failure</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Sappington + Plarre</i>
	Address <i>Unkonville</i>
	<i>Maryland</i>
Accident or Suicide? <i>2</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredrick</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death	1908	Month	April	Day	unknown
Sex		Color or Race		Age	
<i>female</i>		<i>White</i>		<i>Months</i>	
Occupation		Birth-place		Days	
		<i>Fredrick Md</i>			
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>unknown</i>					
Mother's Maiden Name			Mother's Birthplace		
<i>unknown</i>					
Name of person giving information			How related to deceased		
<i>George H. Bronght</i>			<i>S</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth;</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John H. Bronght</i>	
		Address	
		<i>Fredrick, Maryland</i>	
Accident or Suicide?			

